STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

we. ar cerice are	****	1	
DISTRIBUTION			
SANTA FE		Γ^{-}	
FILE		Γ	
U.S.G.S.			
LAND OFFICE			
THANSPORTER	OIL	Γ	
	GAS	Γ	
OPERATOR			
PROBATION OFFICE		ГТ	

OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

Form C-104 Revised 10-01-78 Format 06-01-83

OPERATOR	REQUEST FUR		-		
	AN RIZATION TO TRANSP	- -	RAL GAS		
I					
MARK D. CLARKE					
125 E. BAJA HOBE	35, NEW MEXI	co			
Reason(s) for filing (Check proper box)		Other (Please	explain)		
New Well Change i	in Transporter of:		10 1 7	20	
Recompletion Oil	Dry	TY Gas EXERCITUR 10-1-83			
Change in Ownership Cas	inghead Gas Co	ndenisate			
If change of ownership give name Nu Corp	ENROGY INC.	1250 N.E. Lap	410, Gre 400,	Sal Aurors	40 TEXAS 18
II. DESCRIPTION OF WELL AND LEASE			W		
	Pool Name, Including Po	ermation E. L	Kind of Lease State, Federal or Fe	G	Lease No. 166185
Prave 23	Caprock PEN	Delat	State, Federal of Fe	- TATE	200100
	om The Source Line	and 1980	_ Feet From The	Vlest	
Line of Section 23 Township 18	Range 32	E , NMPM	LEA		County
THE DESCRIPTION OF THE AMERICANTED OF	OF AND MATTIRAL	CAS			
III. DESIGNATION OF TRANSPORTER OF	Condensate	Azaress (Give address t	o which approved co	py of this form is to	o be sent)
TM VETROLE CON LORD Nume of Authorized Transporter of Casinghead Gas		2000 Noent Tout	ER KORS VOL	-LOS TEXAS	75201
Name of Authorized Transporter of Casinghead Ges	or Dry Gas	Address (Give address to			D DE SERI!
EL Paro Marrieac Gas + Wa	KKEN tet		Cc Koso Kx	19918	
If well produces oil or liquids, Unit Segive location of tanks.	c. Twp. Rge. 23 12 32	Is gas actually connected	4-18	3-80	
If this production is commingled with that from a	ny other lease or pool,	give commingling order	number:		
NOTE: Complete Parts IV and V on reverse					
		וו חייר כי		DIMISION	
VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION DIVISION			
I hereby certify that the rules and regulations of the Oil (Conservation Division have	APPROVED			19
been complied with and that the information given is true	and complete to the best of	OPIG	NAL SIGNED BY	JERRY SEXTON	
my knowledge and belief.		DISTRICT I SUPERVISOR			
(TITLE	D 13111.		
Cm (O A)					
Mack N. Clarke		1	be filed in compl		
(Signature)		If this is a requirement, this form must tests taken on the	lest for allowable be accompanied well in accordance	by a tabulation of	f the deviation
Cwree / Gerator			this form must be		
10-6-88			ections I. II. III.	and VI for char	ages of owner.
(Date)	well name or number	, or transporter, or	other such chang	e of condition.	

Separate Forms C-104 must be filed for each pool in multiply completed wells.

Leso Gas: Warren Perroceum P.O. Box 1150, Miocarlo Texas 19702