STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL		
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OPERATOR			
PROBATION OFFICE			

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

Form C-104 Revised 10-01-78 Format 06-01-83 Page 1

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

AUTHORIZATION TO TRANS	SPORT OIL AND NATURAL GAS		
Operator			
NORTH LEA JOINT VENTURE	API 30025 27569		
Address	111 30 0 - 0 21361		
P.O.BOX 866816, Plano, Texas 75086			
Reason(s) for filing (Check proper box)	Other (Please explain)		
New Well Change in Transporter of:			
Recompletion OII	ry Gas		
Casinghead Gas	ondensc.e		
If change of ownership give name and address of previous owner APOLLO ENERGY, INC. P.O.	BOX 5315, HOBBS, NEW MEXICO 88241		
II. DESCRIPTION OF WELL AND LEASE			
Lease Name Well No. Pool Name, Including F	ormation Kind of Lease Lease No.		
BETENBOUGH 5 BOUGH PERMOP	ENN State, Federal or Fee FEE		
Location	-		
Unit Letter L : 1980' Feet From The South Lin	ne and 660' Feet From The West		
Line of Section 12 Township -9-S Range -	-35-S , NMPM, Lea County		
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL	LGAS		
Name of Authorized Transporter of Oil XX or Condensate	Addious (Give address to which approved copy of this form is to be sent)		
Mohil Pineline Corn (Proration Dent)			
Mobil Pipeline Corp. (Proration Dept.) Name of Authorized Transporter of Casinghead Gas XX or Dry Gas	P.O.Box 900, Dallas, Texas 75221 Address (Give address to which approved copy of this form is to be sent)		
Warren Petroleum Company			
If well produces oil or liquids, Unit Sec. Twp. Rge.	P.O.Box 1589, Tulsa, Oklahoma 74102		
give location of tanks. N 12 9 35	Yes N/A		
If this production is commingled with that from any other lease or pool,			
NOTE: Complete Parts IV and V on reverse side if necessary.			
NOTE. Complete Faits IV and V on reverse state if necessary.			
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION		
	1.5.		
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of	APPROVED		
my knowledge and belief.	BY		
	ORIGINAL SIGNED BY JERRY SEXTON		
	TITLE DISTRICT SUPERVISOR		
11 -1 -1 -1 -1 -1 -1	This form is to be filed in compliance with MULE 1104.		
(Signature)	If this is a request for allowable for a newly drilled or decease.		
Janes Suchha Wart	tosts taken on the well in accordance with MULE 111.		
(Title)	All sections of this form must be filled out completely for allowable on new and recompleted wells.		

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