STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

00. 07 COMES STEELED   DISTRIBUTION   BANTA FE   FILE   U.S.G.A.   LAND OFFICE		NSERVATION P. O. BOX 2088 FE, NEW MEX		Revis	C-104 ed 10-01-78 et 06-01-83 1
TRANSPORTER UL	DE	OUEST EOD ALLO			
C"ERATOR	RE	QUEST FOR ALLO AND	TABLE		
PROPATION OFFICE	AUTHORIZATION		L AND NATURAL G		
I.	ACTIONIZATION	TO TRANSFORT O	L AND NATURAL G	AS	
Operator		لمختور المتناع المتبرط ويوجد بنيا محدول متكرك الرقا المتابلة بجرا		ويستجرئها والمرجول والمتركب والمستوحة والمنتجا والمناجع والمراجع والمراجع والمراجع والمراجع والمراجع	
Kellv	HBaxter				
Address					
PO	Box 11193, Midla		700	, '	
Reason(s) for filing (Check proper	box)	<u>110, 17, 79</u>	702 Other (Please explain	_ 1	
New Well	Change in Transporte	r ol· '	omer (riease explain	n /	
Recompletion					
		Dry Gas			
Change in Ownership	Casinghead Gas		J		
If change of ownership give nar and address of previous owner.	RONADERO C	OMPANY, INC	., P. O. Box	430, ROSWELL	,N.M. 88201
II. DESCRIPTION OF WELL	AND LEASE				
Lease Name		Including Formation	Kind o	í Lease	Lease No.
Rob Clay State	e #1 East	Caprock-Pe	State,	Federal or Fee C+++	
				Stat	<u>e_B=9948-</u> 6
Unit Letter F;	1980 Feet From The	EST_Line and	1650' Feet	From The NORTH	
Line of Section 23	Township 125	Range 32E	, NMPM, Le	a	County
III. DESIGNATION OF TRA	Cil or Condensate [		······································	approved copy of this for	
"NONE " Name of Authorized Transporter of	, Zone TA				!
Name of Authorized Transporter of	Casinghead Gas or Dry	Gas Address	(Give address to which	approved copy of this for	n is to be sent)
"NONE"	Zone TA				
	Unit Sec. Twp.	Rge. Is gas a	ctually connected?	When	
If well produces oil or liquids, give location of tanks.			10	1	
					·
If this production is commingled	I with that from any other lea	se or pool, give com	mingling order number	f:	
NOTE: Complete Parts IV as	nd V on reverse side if nece	ssary.			
VI. CERTIFICATE OF COMPLIANCE			OIL CONSERVATION DIVISION		
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 my knowledge and belief.			APPROVED, 19, 19		

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7	(Sighature)
Owr	ner / ·
	(Title)
1/]	16/87

(Date)

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BY ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR TITLE\_

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allow-able on new and recompleted wells.

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.

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