STATE OF NEW MEXIC								
ENERGY AND MINERALS DEPAR	ITMENT					Form C-104		
						Revised 10-01	-78	
DISTRIBUTION	OIL CONSERVATION DIVISION					Format 06-01-		
SANTA PE						Page 1		
FILE	P. O. BOX 2088							
U.S.O.S.	SANTA FE, NEW MEXICO 87501							
LAND OFFICE								
TRANSPORTER DIL		REQUEST FO						
OPERATOR	AND							
PROBATION CIPFICE	41171.001	-						
I.	AUTHU	RIZATION TO TRANS	PORT OIL A	AND NATU	RAL GAS			
Oper litor								
KELLY H. BAXTER								
Address								
P. G. BOX 11193, I	11DLAND, TEXA	S 79702						
Reeson(s) for filing (Check proper box)				Other (Please explain)				
New Well Change in Transporter of:								
Recompletion								
			ry Gas					
Change in Ownership		nghead Gas 🔄 C	ondenacte					
and address of previous owner	. AND LEASE			<u>. 80X 4</u>	30, ROSWELL, NEL	I MEXICO	88201	
Leose Name	Weil No.	Pool Name, Including F	ormation		Kind of Lease		Lease No.	
Ronalto	#1	East Caprock P	)enn		Stats, Federal or Fee	FEE		
Location			CIIII				. <u> </u>	
			ne and	2310'	Feet From TheS	SOUTH		
Line of Section 14	Township 12	S Range	32E	, NMPM	. Le	ea	County	
III. DESIGNATION OF TRA	of OII XX or C	DIL AND NATURAL	Address (Gi		o which approved copy of		-	
Navajo Refining Comp	P. C. Drawer 159, Artesia, New Mexico 8821() Address (Give address to which approved copy of this form is to be sent)							
Name of Authorized Transporter of	of Casinghead Gas 🕅	or Dry Gas	Address (Gin	ve address t	o which approved copy of	this form is to	be sent)	
Warren Petroleum				89. Tul	sa, Oklahoma 741	02		
	Is gas actually connected? When							
If well produces oil or liquids, give location of tanks.								
If this production is commingle	d with that from an	y other lease or pool.			number:			
NOTE: Complete Parts IV a	and V on reverse s	ide if necessary.					في يوجيه المحمد والمحمد المحمد ال	
VI. CERTIFICATE OF COM	OIL CONSERVATION DIVISION							
		i			1614 0 1007			
hereby certify that the rules and reg	APPROVED JAN 1. 198/			9				
been complied with and that the info	tmation given is true an	d complete to the best of				, '		
τιy knowledge and belief.	. //	H	BY	ANCINA	SIGNED BY JERRY SE	XTON		
	<   /		URIUMUM A	STRICT I SUPERVISOR				
INA .		VI		DI	SIKICI I SUPERTIZON			

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(Signature)

(Tule) 80

(Date)

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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.

