) TMENT					
ENURGY AND MINERALS DEPART					Form C-104	
DISTRIBUTION					Revised 10-01 Format 06-01-	
SANTA PE	OIL CONSERVATION DIVISION		2N	Page 1		
FILE	P. O. BOX 2088					-
LAND OFFICE		SANTA FE, NE	W MEXICO 87501			
TRANSPORTER GAS	REQUEST FOR ALLOWABLE					
OPERATOR			ND			
PROVATION OFFICE	AUTHOR		PORT OIL AND NATU			•
•		CENTION TO TRANS	FURT UIL AND NATU	KAL GAS		
Operator				ومرجديه ورد حكت وعشر المستنبك والمسوال ويشتال الق	ويواد والمركب المائية ويوسك المراجع ما مست البطو إلماكم	
MyCo Petr	coleum Comp	pany				
P.0. Box		vington, N.M.	88260			
Reason(s) for filing (Check proper	r box)		Other (Please	explain)		
New Walt	Change is	n Transporter of:				
Recompletion	01		ry Gas			
Change in Ownership	Casi	nghead Gas 🔂 Ca	ondensate			
Change of ownership give nar nd address of previous owner I. DESCRIPTION OF WELL Leose Name	AND LEASE	Pool Name, Including F		Kind of Lease		
James McFarland"				State, Federal or Fee	-	Lease No.
ocalion	A 2	<u>Chaveroo Sa</u>	n Andres	Sidie, / ederal of ree	Fee	99844
Unit Letter P ;;	660 Feet Fro	m The SLin	• and <u>660</u>	Feet From TheE		
20	Township 75	Range	33Е , мирм,	Roosev	elt	County
Line of Section 20			, IMPM,	noosev		
				ROOSev	<u> </u>	
II. DESIGNATION OF TRA	NSPORTER OF (OIL AND NATURAL	. GAS			A
II. DESIGNATION OF TRA	NSPORTER OF (, GAS Address (Give address i	o which approved copy of	this form is to	
II. DESIGNATION OF TRA Name of Authorized Transporter of Mobil Pipeline	NSPORTER OF (1 on X or Co Company	<u>OIL AND NATURAL</u>	, GAS Address (Give address i	o which approved copy of	this form is to	
II. DESIGNATION OF TRA Name of Authorized Transporter of Mobil Pipeline	NSPORTER OF (1 on X or Co Company	<u>OIL AND NATURAL</u>	, GAS Address (Give address i		this form is to	
II. DESIGNATION OF TRA Name of Authorized Transporter of Mobil Pipeline Name of Authorized Transporter of	NSPORTER OF (1 on X or Co Company	OIL AND NATURAL ondensate	, GAS Address (Give address i	o which approved copy of 00 Dallas, T o which approved copy of	this form is to	
II. DESIGNATION OF TRA Name of Authorized Transporter of	NSPORTER OF (1 OII (2) or Co Company Casinghead Gas (Unit , Sec.	OIL AND NATURAL ondensate	GAS Address (Give address t P.O. Box 90 Address (Give address t Is gas actually connected	o which approved copy of 00 Dallas, T o which approved copy of d? , When	this form is to	
II. DESIGNATION OF TRA Name of Authorized Transporter of Mobil Pipeline Name of Authorized Transporter of f well produces oil or liquids, give location of tanks.	NSPORTER OF (f OII X or Co Company Casinghead Gas (Unit Sec. 0 2	DIL AND NATURAL ondensate	Address (Give address t P.O. Box 90 Address (Give address t Is gas actually connecte No, TSTM, Ve	o which approved copy of 0 Dallas, T o which approved copy of d? When nted	this form is to	
II. DESIGNATION OF TRA Name of Authorized Transporter of Mobil Pipeline Name of Authorized Transporter of f well produces oil or liquids.	NSPORTER OF (f OII X or Co Company Casinghead Gas (Unit Sec. 0 2	DIL AND NATURAL ondensate	Address (Give address t P.O. Box 90 Address (Give address t Is gas actually connecte No, TSTM, Ve	o which approved copy of 0 Dallas, T o which approved copy of d? When nted	this form is to	

VI. CERTIFICATE OF COMPLIANCE

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.

(Signature) Secretary (Tule) 2-24-85 (Date)

	MAR 2 5 1985
BY	DRIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR

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 allowable 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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O.C.D. HOUSE OFFICE