

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator
MIMS TEXAS OIL & GAS COMPANY

Address
7060 SOUTH YALE, (707), TULSA, OKLAHOMA 74136

Reason(s) for filing (Check proper box) Other (Please explain)

| | | |
|---|---|-------------------------------------|
| <input type="checkbox"/> New Well | Change in Transporter of: | |
| <input type="checkbox"/> Recompletion | <input type="checkbox"/> Oil | <input type="checkbox"/> Dry Gas |
| <input checked="" type="checkbox"/> Change in Ownership | <input type="checkbox"/> Casinghead Gas | <input type="checkbox"/> Condensate |

If change of ownership give name and address of previous owner **Glenday Corporation of Nevada c/o 40 West Twohiq, Ste. 402 San Angelo, Texas 76903**

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---------------------------------|----------------------|--|--|-----------------------------|
| Lease Name Federal 27 | Well No. 3 | Pool Name, including Formation Chaveroo San Andres | Kind of Lease State, Federal or Fed Federal | Lease No. 0127782 |
|---------------------------------|----------------------|--|--|-----------------------------|

Location

Unit Letter **A** **660** Feet From The **N** Line and **660** Feet From The **E**

Line of Section **27** Township **7S** Range **33E** NMPM **0127782** **Roosevelt** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | |
|--|--|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Mobil Oil Corp. P.O. Box 2080 Dallas, TX 75221-2080 | Address (Give address to which approved copy of this form is to be sent) |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Cities Service O & G Corp. P.O. Box 300 Tulsa, OK 74102 | Address (Give address to which approved copy of this form is to be sent) |
| If well produces oil or liquids, give location of tanks. Unit 27 Sec. 7S Twp. 33E | Is gas actually connected? Yes When At Completion |


If this production is commingled with that from any other lease or pool, give commingling order number: **CTB 161**

NOTE: Complete Parts IV and V on reverse side if necessary.

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.

MIMS TEXAS OIL & GAS COMPANY


President
(Signature)

03-30-88
(Date)

OIL CONSERVATION DIVISION

APPROVED **APR 6 1988**, 19

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 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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Revised 10-01-78
Format 06-01-83
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REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Glenday Corporation of Nevada

Address
c/o Oil Reports & Gas Services, Inc., Box 755, Hobbs, New Mexico 88241

Reason(s) for filing (Check proper box)

| | | |
|---|---|-------------------------------------|
| <input type="checkbox"/> New Well | Change in Transporter of: | |
| <input type="checkbox"/> Recompletion | <input type="checkbox"/> Oil | <input type="checkbox"/> Dry Gas |
| <input checked="" type="checkbox"/> Change in Ownership | <input type="checkbox"/> Casinghead Gas | <input type="checkbox"/> Condensate |

Other (Please explain)
Effective 10/1/86

If change of ownership give name and address of previous owner Stringer Oil & Gas, P. O. Box 3037, San Angelo, Texas 76902

II. DESCRIPTION OF WELL AND LEASE

NM-0127782-X

| | | | | |
|---|---------------|---|--|--------------------|
| Lease Name Federal 27 | Well No. 3 | Pool Name, including Formation Chaveroo San Andres | Kind of Lease State, Federal or Fee Federal | Lease No. Above |
| Location Unit Letter <u>A</u> : <u>660</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u> Line of Section <u>27</u> Township <u>7S</u> Range <u>33E</u> , NMPM, <u>Roosevelt</u> County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | |
|--|--|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Mobil Pipe Line Company | Address (Give address to which approved copy of this form is to be sent) P. O. Box 900, Dallas, Texas 75221 |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> City Cities Service NGL Inc <u>Oil & Gas Corp.</u> | Address (Give address to which approved copy of this form is to be sent) P. O. Box 300, Tulsa, Oklahoma 74103 |
| If well produces oil or liquids, give location of tanks. Unit <u>J</u> Sec. <u>26</u> Twp. <u>7S</u> Rge. <u>33E</u> | Is gas actually connected? <u>Yes</u> When <u>6/66</u> |

If this production is commingled with that from any other lease or pool, give commingling order number: CTB-161

NOTE: Complete Parts IV and V on reverse side if necessary.

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.

Paul Kautz
(Signature)
Agent
(Title)
11/20/86
(Date)

OIL CONSERVATION DIVISION

APPROVED DEC 3 1986, 19____
BY Orig. Signed by
Paul Kautz
TITLE Geologist

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.

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