STATE OF NEW MEXICO		•				•
ENERGY AND MINERALS DEPARTMENT					Form C-104	
DISTRIBUTION	Revised Formal 0					
SANTA FE	A FE OIL CONSERVATION DIVISION Page 1					
P. O. BOX 2088 U.S.G.S. SANTA FE, NEW MEXICO 87501						
LAND OFFICE	SANTA FE, NE		CO 87301			
TRANSPORTER OIL			_			
GAB OPENATOR	REQUEST FO	R ALLOW	ABLE	•		
PADRATION DEFICE	AUTHORIZATION TO TRANS		AND NATU	RAL GAS		
<u>[.</u>						
Operator						
MIMS TEXAS OIL & GAS	COMPANY			•		
7060 SOUTH YALE, (70	7), TULSA, OKLAHOM	A 741	36			
Reason(s) for liling (Check proper box)			Other (Please	e explainj		
New Yell	Change in Transporter of:	_				
Recompletion	~ ~	ny Gas	\$		· .	
A Change in Ownership	Casinghead Gas	Condensate	1			
If change of ownership give name Gle	: ndav Corporation of Nev	vada c/	o 40 West	Twohig, St	e. 402	
Ind Budress of previous owner				Angelo, Tex		
II. DESCRIPTION OF WELL AND	LEASE Weil No. Pool Name, Including F	Formation		Kind of Lease		
Federal 23.		Andres		=	F•• Federal	Lease No.
Location				]		0108997.4
		10			5.7	
Unit Letter F : 1980	reet from the Ch	ne and		Feet From The	·	
Line of Section 23 Towns	hip 75 Range	33E	UIH NMPM	18997-A 1. Ro	oosevelt	County
III. DESIGNATION OF TRANSPO		<u>L GAS</u>				
Name of Authorized Transporter of OII (		Address	(Give address	to which approved	l copy of this form is t	o be sentj
	Disposal Well	1.		-	copy of this form is t	a ha sarel
Hame of Authorized Transporter of Casing	ghead Gas 🦳 💿 or Dry Gas 🛄	Address	(Cive address	to which approved		o oe senty
	Jnit Sec. Twp. Rge.	ls cas or	tually connect	ed? When		
If well produces oil or liquids, i give location of tanks.	- <u>1</u>		No	1	• t	
f this production is commingled with		give com		r number:		
-		•	••••			
NOTE: Complete Parts IV and V	<i>Sh reverse side if helessary.</i>	11	· .			
VI. CERTIFICATE OF COMPLIANCE	CE	1		ONSERVATIO		
hereby certify that the rules and regulations of the Oil Conservation Division have			APPROVED 19			
seen complied with and that the information			0veb	r.		1.2
ny knowledge and belief.				Orig. Sig		
MIMS TEXAS OIL & GAS COMPANY			TITLE Paul Kautz			
Anne			* <u>4.44.54.54.56.55</u>	<u>Licoi</u> e	gist	
1 heli		11			mpliance with NUL2	
(Signatur	·e)	well, t	his form mus	t be accompanie	ole for a newly drill ad by a tabulation o	of the deviation
President /		11			nce with MULE 111	
(Tille) (711)				completed wells	be filled out comple	Hely for Allow-
					III, and VI for char	
(Date)			well name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply			
· .			ted wells.		- intes for watch po	oor in multiply
						•

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