

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

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

I.

Operator Milford Oil Company	
Address c/o Oil Reports & Gas Services, Inc. Box 755, Hobbs, NM 88241	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input checked="" type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate
Effective 4/1/90	

If change of ownership give name and address of previous owner D.M. Melknew, 40 W. Twohig, Suite 402, San Angelo, TX 76903

II. DESCRIPTION OF WELL AND LEASE

NM-042253

Lease Name Federal 22	Well No. 2	Pool Name, including Formation Chaveroo San Andres	Kind of Lease <del>State</del> Federal or <del>State</del> Federal	Lease No. Above
Location				
Unit Letter <u>PO</u> ; <u>660</u> Feet From The <u>South</u> Line and <u>1980-660</u> Feet From The <u>East</u>				
Line of Section <u>22</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"/> J.M. Petroleum Corporation	Address (Give address to which approved copy of this form is to be sent) 2500 Allianz Financial Centre, 2323 Bryan Lock Box 185 Dallas, TX 75201	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Approval from BLM to Vent Dated 12-23-85	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 P	Sec. 22
	Twp. 7S	Rge. 33E
Is gas actually connected?		When
No		

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

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.

*[Signature]*  
(Signature)

Agent  
(Title)

5/4/90  
(Date)

OIL CONSERVATION DIVISION

APPROVED MAY 14 1990, 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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MAY 11 1990

CCC  
HOSES OFFICE