

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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| OPERATOR | |
| PERCATION 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
DASCO Energy Corporation
Address
c/o Oil Reports & Gas Services, Inc., P.O. Box 755, Hobbs, NM 88241
Reason(s) for filing (Check proper box)
☐ New Well ☐ Change in Transporter of:
☐ Recompletion ☐ Oil ☐ Dry Gas
☒ Change in Ownership ☐ Casinghead Gas ☐ Condensate
Other (Please explain)
Effective 1/1/85

If change of ownership give name and address of previous owner
Formerly D A & S Oil Well Servicing, Inc.
P.O. Box 763, Hobbs, NM 88241

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------------------------------------|-----------------------------------------------------|---------------------------|
| Lease Name <u>McAlester State Com</u> | Well No. <u>1</u> | Pool Name, including Formation <u>Tobac (Penn)</u> | Kind of Lease State, Federal or Fee <u>State</u> | Lease No. <u>Above</u> |
| Location Unit Letter <u>0</u> : <u>1980</u> Feet From The <u>East</u> Line and <u>660</u> Feet From The <u>South</u> Line of Section <u>20</u> Township <u>8S</u> Range <u>33E</u> , NMPM, <u>Chaves</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"/> <u>Mobil Pipeline Company</u> | Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 900, Dallas, Texas 75221</u> | |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Cities Service Company</u> | Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 300, Tulsa, Oklahoma 74102</u> | |
| If well produces oil or liquids, give location of tanks. <u>0</u> <u>20</u> <u>8S</u> <u>33E</u> | Is gas actually connected? <u>Yes</u> | When <u>9/11/84</u> |

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)
3/5/85
(Date)

OIL CONSERVATION DIVISION

APPROVED MAY 17 1985, 19____
BY Eddie W. Seay
TITLE Oil & Gas Inspector

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.

RECEIVED

MAR -7 1985

O.C.D.
HOUSE OFFICE