

STATE OF NEW MEXICO  
OIL AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 00-01-83  
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SANTA FE	
FILE	
OFFICE	
LAND OFFICE	
TRANSPORTER	C.L.
	GAS
OPERATOR	
REGISTRATION OFFICE	

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator  
Quanico Oil & Gas, Inc.

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

Reasons for filing (Check proper box) Other (Please explain)

<input type="checkbox"/> New Well	Change in Transporter of:	Effective June 1, 1985
<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 Gene Milford, P.O. Box 755, Hobbs, NM 88241

II. DESCRIPTION OF WELL AND LEASE

NM-024136-A

Lease Name <u>Conley Federal</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Cato San Andres</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>above</u>
Location				
Unit Letter <u>I</u> ; 1980 Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>East</u>				
Line of Section <u>28</u> Township <u>8 S</u> Range <u>30 E</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"/>	Address (Give address to which approved copy of this form is to be sent)
<u>The Permian Corporation</u>	<u>P.O. Box 1183, Houston, TX 77001</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Cities Service Oil &amp; Gas Corp.</u>	<u>P.O. Box 300, Tulsa, OK 74102</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>A</u> Sec. <u>33</u> Twp. <u>8S</u> Rge. <u>30E</u>	Yes <u>8/28/68</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.

Donna Walker  
(Signature)  
Agent  
(Title)  
6/5/85  
(Date)

OIL CONSERVATION DIVISION  
APPROVED JUN 10 1985, 19  
BY ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT 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.

RECEIVED

JUN - 5 1985

O. G. G.  
HOBBS OFFICE