

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	<input type="checkbox"/> OIL <input type="checkbox"/> GAS
OPERATOR	
PRODUCTION 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
Annek Corporation

Address
PO Box 95 Kenna NM 88122

Reason(s) for filing (Check proper box)

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

Other (Please explain)

If change of ownership give name and address of previous owner JC Rhodes-VF Petroleum Suite 580 One Marienfeld Place Midland Tex 79701

II. DESCRIPTION OF WELL AND LEASE

Lease Name Crosby	Well No. 1	Pool Name, including Formation San Andres Cato	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter NW/4 NE/W 660 Feet From The north Line and 1653 Feet From The east Line of Section 17 Township 8 south Range 30 east , NMPM, Chaves 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 Corporation	Address (Give address to which approved copy of this form is to be sent) PO Box 2080 Dallas Tex. 75221	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> none	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 B, Sec. NW/4 17 Twp. 8s Rge. 30e	Is gas actually connected? When _____

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)
President Chief Operating officer
(Title)
June 1, 1986
(Date)

OIL CONSERVATION DIVISION

APPROVED JUN 25 1986, 19
BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT 1 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.

CC - File