STATE OF NEW MEXICO

ENCAGE AND MINERALS DEPI	ARTIMENT	a a a a
		Form C-104 Revised 10-01-78
OISTRIBUTION		Format 06-01-83
SANTA PE	OIL CONSERVATION DIVISION	Page 1
FILE	P. O. BOX 2088	
U.B.Q.B.	SANTA FE, NEW MEXICO 87501	
LAND OFFICE		
TRANSPORTER OIL		
GAS	REQUEST FOR ALLOWABLE	
OPERATOR	AND	
PRORATION OFFICE		
I.	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS	
Operator		
BAW	OIL COMPANY	
Address		
K-252 N.	HAIdeMAN Rd. ARTESIA, Ne	W Mexico, 88210
Reason(s) for filing (Check pro	oper box) Other (Please explain)	
New Well	Change in Transporter of:	
Recompletion	Oll Dry Gas	
Change in Ownership	Casinghead Gas Condensate	
If change of ownership give and address of previous own II. DESCRIPTION OF WE	- DHIDORI OIL CORPEDURK KOVA 3471 FIRST NATIONAL BANK B	ITy Co. uilding, DAllAS Texas
Legse Name	Well No. Pool Name, Including Formation (1040Kind of Lease	<u> </u>
	leral 1 Vest RANCH Queen State, Foderal	or Foo Federal NM-05549
Location		
Unit Letter <u>E</u> ;	1, 980 Feet From The NORTH Line and 660 Feet From Th	West Line
Line of Section 9	Township 15-5 Range 30-E, NMPM, C	HAVES, County
III. DESIGNATION OF T	RANSPORTER OF OIL AND NATURAL GAS	······································
Name of Authorized Transporte	er of Cil 🔀 or Condensate 🗌 🛛 Address (Give address to which approve	d copy of this form is to be sent!
	ude Oil PurcHasing P. D. DRAWER 15	9. ARTES!A, New Mex
Name of Authorized Transports	er of Casinghead Gas 📄 or Dry Gas 🗍 🔍 🗚	ZiP-88211-0159
If well produces oil or liquids,		
give location of tanks.	9 15-S 30-E NO	
· · · · · · · · · · · · · · · · · · ·		

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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, ナルリ OMPANY (Tile) 2 0 8 a (Dete,

OIL C	ONSERVA	TION	DIVISION
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APPROVED_	<u>APR 28 1908</u> . 19	
BY	ORIGINAL SIGNED BY JERRY SEXTON	
TITLE	DISTRICT I SUPERVISOR	

(5)

This form is to be filed in compliance with MULE 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 tasts taken on the well in accordance with NULE 111.

All sections of this form must be filled out completely for silowable 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.



