STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

(Date)

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FILE			
U.S.O.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAB		
OPERATOR			
BOOMATION 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

PRODATION OFFICE AUTHORIZATION TO TRANSP	ORT OIL AND NATURAL GAS
Operator R 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Address A	1
R-252-N. HAldeMAN	Rd. ARTESIA NEW Mex 88210
Reason(s) for filing (Check proper box) Change in Transporter of:	Other (Freaze explain)
Recompletion OII Dry	y Gas endensate
Change in Owner ship	7.1
If change of ownership give name A C OPERATI	Ng CORP 2211 Ridge WAY, ARdmir
II. DESCRIPTION OF WELL AND LEASE	0/(4// /6/1-
Lease Name Solvest Range Control Rang	
Location (Location	/ 1
Unit Letter O : 940 Feet From The South Line	e and 23/0' Feet From The EAST LINE
Line of Section 28 Township /4-5 Range	30-E, NMPM, CHAVES County (480 ACRES)
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL	CAS
Name of Authorized Transporter of Oil Purchasing	Address (Give address to which approved copy of this form is to be sent) Box 175 Artesia, New Mex 88210 Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas or Dry Gas	Address (Give address to which approved copy of the following
Unit Sec. Twp. Rge.	Is gas actually connected? When
If well produces oil or liquids, give location of tanks.	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	OIL CONSERVATION DIVISION
	APPROVED FFR 5 1987 . 19
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.	BY ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR
O	TITLE
K. 00 . V	This form is to be filed in compliance with RULE 1104. If this is a request for sllowable for a newly drilled or deepened
(Signature)	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
OWNER- OPERATOR	All sections of this form must be filled out completely for allow-
1 20 (Tule)	able 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.

FEB ocoperce