

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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	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

Jack L. Phillips

Address

Drawer 392, Gladewater, Texas 75647

Reason(s) for filing (Check proper box)

☐ New Well ☐ Recompletion ☒ Change in Ownership

Charge in Transporter of:

☐ Oil ☐ Casinghead Gas ☐ Dry Gas ☐ Condensate

Other (Please explain)

Change of Operator

If change of ownership give name and address of previous owner

J J Enterprises
Exxon Company, U.S.A., Box 4566, Houston, Texas 77001

II. DESCRIPTION OF WELL AND LEASE

Lease Name: New Mexico "CR" State

Well No.: 2

Pool Name, including Formation: *San Andres* SALT WATER DISPOSAL

Kind of Lease: State, Federal or Fee State

Lease No.: K-5606

Location: (For Many Gates ABO/Wolfcamp Field)

Unit Letter: M ; 660 Feet From The S Line and 660 Feet From The W

Line of Section: 32 Township: 9S Range: 30E, NMPM, Chaves County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐

None *See*

Address (Give address to which approved copy of this form is to be sent)

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐

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. None

Unit Sec. Twp. Rge.

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.

John L. Phillips
(Signature)
Operator
(Title)
Effective 5/1/88
(Date)

OIL CONSERVATION DIVISION

APPROVED *1988*, 19

BY ORIGINAL SIGNATURE OF 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.