

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

NAME OF OPERATOR	
ADDRESS	
CITY	
STATE	
ZIP	
DATE OF FILING	
TRANSPORTER	
DATE	
OPERATOR	
PERMITS OFFICE	

1. Operator
Quanico Oil & Gas Inc.
c/o Oil Reports & Gas Services, Inc., P. O. Box 763, Hobbs, NM 88241
Check (s) for filing (Check proper box)
☐ New Well ☐ Change in Transporter of:
☐ Recompletion ☐ Oil ☐ Dry Gas
☒ Change in Ownership ☐ Casinghead Gas ☐ Condensate
Other (Please explain): Effective October 1, 1984

If change of ownership give name and address of previous owner Don Murphree & Darrell Jackson, P. O. Box 763, Hobbs, NM 88241

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Marshall</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Cato (San Andres)</u>	Kind of Lease State, Federal or Fee <u>Fee</u>	Lease No.
Location Unit Letter <u>H</u> <u>2310</u> Feet From The <u>North</u> Line and <u>330</u> Feet From The <u>East</u> Line of Section <u>6</u> Township <u>9S</u> Range <u>30E</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"/> <u>The Permian Corporation</u> <u>Permit (EX. 9 / 1 / 87)</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1183, Houston, TX 77002</u>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Cities Service Oil & Gas Corporation</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 300, Tulsa, OK 74102</u>	
If well produces oil or liquids, give location of tanks. Unit <u>E</u> Sec. <u>6</u> Twp. <u>9S</u> Rge. <u>30E</u>	Is gas actually connected? <u>Yes</u>	When <u>11/17/76</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.

W. J. Haller
(Signature)
Agent
(Title)
10/18/84
(Date)

OIL CONSERVATION DIVISION

OCT 19 1984

APPROVED _____, 19 _____

BY ORIGINAL SIGNED BY JERRY SEXTON

DISTRICT I 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.