

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

COMMISSIONER	
DEPUTY COMMISSIONER	
SANITARIAN	
FIELD	
REGISTRAR	
LABOR OFFICER	
VEHICLE REPORTER	
DELEGATED	
REGISTRATION OFFICER	

Operator
Quanico Oil & Gas Inc.
Address
c/o Oil Reports & Gas Services, Inc., P. O. Box 763, Hobbs, NM 88241

Reason(s) for filing (Check proper box) **Other (Please explain)**

<input type="checkbox"/> New Well	<input type="checkbox"/> Change in Transporter of:	Effective October 1, 1984
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas	
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate	

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 Marshall	Well No. 1	Pool Name, including Formation Cato (San Andres)	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"/>	Address (Give address to which approved copy of this form is to be sent)
<u>The Permian Corporation</u> Permit (E.O. 9/1/87)	<u>Box 1183, Houston, TX 77002</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Cities Service Oil & Gas Corporation</u>	<u>Box 300, Tulsa, OK 74102</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
<u>E 6 9S 30E</u>	<u>Yes 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. Wallace
(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.