

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

Form C-104  
Revision 10-01-78  
Format 06-01-83  
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REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator <b>Quanico Oil &amp; Gas Inc.</b>	
Address <b>c/o Oil Reports &amp; Gas Services, Inc., P. O. Box 763, Hobbs, NM 88241</b>	
Effective Date (Check proper box) <input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input checked="" type="checkbox"/> Change in Ownership	
Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate	
Effective Date <b>Effective October 1, 1984</b>	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Mac Federal</b>	Well No. <b>2</b>	Pool Name, including Formation <b>Cato (San Andres)</b>	Kind of Lease State, Federal or Fee <b>Federal</b>	Lease No. <b>NM-25478</b>
Location Unit Letter <b>P</b> : <b>330</b> Feet From The <b>East</b> Line and <b>990</b> Feet From The <b>South</b> Line of Section <b>6</b> Township <b>9S</b> Range <b>30E</b> , NMPM, <b>Chaves</b> 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"/> <b>The Permian Corporation</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 1183, Houston, TX 77002</b>					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Cities Service Oil &amp; Gas Corporation</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 300, Tulsa, OK 74102</b>					
If well produces oil or liquids, give location of tanks.	Unit <b>P</b>	Sec. <b>6</b>	Twp. <b>9S</b>	Rge. <b>30E</b>	Is gas actually connected? <b>Yes</b>	When <b>11/76</b>

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.

*Deane Walker*  
(Signature)  
Agent  
(Title)  
10/18/84  
(Date)

OIL CONSERVATION DIVISION

APPROVED **OCT 19 1984**, 19

BY **ORIGINAL SIGNED BY JERRY SEXTON**  
**DISTRICT 1 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.