

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-01-78
Format 06-01-83
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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

I. Operator BOBCO International, Inc.

Address Rt. 4, #11 Partridge Place, Robstown, TX 78380

Reason(s) for filing (Check proper box)

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

Other (Please explain)

If change of ownership give name and address of previous owner Mobil Producing Texas and New Mexico

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>C. L. O'Brien</u>	Well No. <u>2</u>	Pool Name, Including Formation <u>Lightcap Montoya</u>	Kind of Lease State, Federal or Fee <u>FEE</u>	Lease No.
Location Unit <u>H</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>EAST</u>				
Line of Section <u>7</u> Township <u>8-S</u> Range <u>30-E</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>PERMIAN CORP. Permian (Est. 9/1/87)</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1130 Houston, TX 77001</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>CITIES SERVICE OIL CO.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 300 Tulsa, Oklahoma 74102</u>
If well produces oil or liquids, give location of tanks.	Unit <u>H</u> Sec. <u>7</u> Twp. <u>8</u> Rge. <u>30 E</u> Is gas actually connected? <u>yes</u> 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.

Bill O'Brien
(Signature)
President
4/21/87
(Date)

OIL CONSERVATION DIVISION

APPROVED JUL 6 1987, 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 allow-
ance 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 multiple completed wells.