## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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DISTRIBUTION		$\vdash$	Т
SANTA PE		_	_
FILE		1	
U.8.0.8.		1	_
LAND OFFICE		1-	
TRANSPORTER	OIL	1	
	GAS		
OPERATOR			
PROPATION OFFICE		<del> </del>	

## 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 NATHRAL GA

1.	AUTHORIZATION TO TRANS	PORT OIL AND NATU	JRAL GAS	,		
Operator				<del></del>		
Haseloff Corporation						
c/o Oil Reports & Gas Serv	rices. Inc., P. O. Bor	r 755 Hobbe Me	Ny Morriso 892/1			
Reason(s) for filing (Check proper box)	<u> </u>	Other (Pleas				
New Well	Change in Transporter of:					
Recompletion	<b>7</b>	Effective 7/1/86				
Change in Ownership	Casinghead Gas Ca	ondensate				
If change of ownership give name						
and address of previous owner						
II. DESCRIPTION OF WELL AND LE				046153-A		
Lease Name	Well No. Pool Name, including F		Kind of Lease	Lease No.		
Miller Federal	8 Tom Tom San Ar	Tom Tom San Andres State, Federal of		Above		
	South .	330	Fact			
Unit Letter P : 990	Feet From The South Lin	• and	Feet From The Last			
Line of Section 35 Township	7S Range 31E		. Chaves	County		
W Doorge A						
Name of Authorized Transporter of Cil Concentrate Access (Give address to which approved copy of this form is to be sent)						
	Or Condensate			o be sent)		
Pride Pipe Line Company  P. O. Box 3237 Abilene, Texas 79604  Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)						
If well produces oil or liquids, Unit		Rge. Is gas actually connected? When				
give location of tanks.	I 35 78 31E	Yes July 8, 1985				
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.					
and the state of t						
VI. CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION						
I hereby certify that the rules and regulations of	•	APPROVED	IN	19		
been complied with and that the information given is true and complete to the best of my knowledge and belief.						
, , , , , , , , , , , , , , , , , , , ,		BY	Eddie W. Seay			
	,	TITLEOH	& Gas Inspector			
This form is to be filed in compliance with MULE 1104.						
(Signature)	If this is a request for allowable for a newly drilled or deepened					
Agent		well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.				
(Title)		All sections of this form must be filled out completely for allow-				
6/5/86		able on new and recompleted wells.  Fill out only Sections I, II, III, and VI for changes of owner.				
(Date)		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.					