## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

	****	
DISTRIBUTION		
SANTA FE		
FILE		
U.B.G.B.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PROBATION OFFICE		

## 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

PROBATION OFFICE	AUTHORIZATION TO TRANSF	PORT OIL AND NATU	RAL GAS		
<u>I.                                      </u>			<del> </del>		
Operator					
Jack L. Phi	Ilips				
Drawer 392,	Gladewater, Texas 756	647			
Reeson(s) for filing (Check proper box)		Other (Please	explain)		
New Well	Change in Transporter of:	01			
Recompletion		Change of Operator and well name			
Change in Ownership	Casinghead Gas Co	ondensate			
If change of ownership give name and address of previous owner	Texaco Producing	g, Inc., Box 72	8, Hobbs, N.M.	88 <b>2</b> 40	
II. DESCRIPTION OF WELL AND I	Well No.   Pool Name, Including F	or matter	Kind of Lease		Lease No.
Lease Name	1		State, Federal or Fee	Federal	NM055564
N Isler-Federal	1 Many Gate	s Wolfcamp	3.2.0	redetai	M1033304
Location		1000		T.T	
Unit Letter N : 33	S Lin	ne and1980	Feet From The	w	
Line of Section 29 Towns	hip 9S Range	30E , NMPN	. Chaves		County
Line of Section 29 Towns					
If well produces oil or liquids,	or Condensate	Box 1183 Ho Address (Give address	uston Texas 7 to which approved copy to which approved copy	7 <b>2</b> 51 <b>-11</b> 83	
give location of tanks.		110			
If this production is commingled with t NOTE: Complete Parts IV and V o	on reverse side if necessary.	П	CONSERVATION D	NIVISIONI	
VI. CERTIFICATE OF COMPLIANC	Œ		JAN 0		
I hereby certify that the rules and regulations been complied with and that the information g my knowledge and belief.	of the Oil Conservation Division have given is true and complete to the best of	BY		. 1000	19
1. # 1	,	TITLE	be filed in complian	nce with RUL	
trou m		If this is a rec	west for allowable for	r a newly drill	ed or deepened
(Signature		well, this form mus tests taken on the	t be accompanied by well in accordance w	a tabulation o	f the deviation I.
Office Mar	MAGET-CIM	All sections of	this form must be fill completed wells.	led out comple	itely for allow-
12/28/88		Fill out only	Sections I. II. III. as	nd VI for char	iges of owner,
(Date)		well name or number	r, or transporter, or oth	her such chang	e of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.