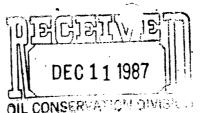
STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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DISTRIBUTION				
SANTA PE				
FILE				
U.1.0.4.		\Box		
LAND OFFICE				
TRANSPORTER	OIL			
	GAS			
OPERATOR				
PROBATION OFFICE				



Form C-104 Revised 10-01-78 Format 06-01-83 Page 1

OIL CONSERVATION DEVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE AND JUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.	SPORT OIL AND NATURAL GAS				
Kaneb Operating Company, Ltd.					
400 Wilco Bldg., Midland, Texas 79701	· .				
Recson(s) for filing (Check proper box) New Well Change in Transporter of: Recompletion X OII Change in Ownership Casinghead Gas	Other (Please explain) Dry Gas Condensate				
If change of ownership give name and address of previous owner					
II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, including					
Jones 34 Federal 1 East Morton	(Wolfcamp) State, Federal or Fee Federal NM-51843				
Unit Letter N: 660 Feet From The South 1	ine and 2130 Feet From The West				
Line of Section 34 Township 14 South Range	35 East , NMPM, Lea County				
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL Name of Authorized Transporter of Oil AD or Condensate JM Petroleum Corporation Name of Authorized Transporter of Casinghead Gas or Dry Gas	Address (Give address to which approved copy of this form is to be sent) 2323 Bryan/Lock Box 185, Dallas, TX 75201 Address (Give address to which approved copy of this form is to be sent)				
Warren fet Co. If well produces oil or liquids, N 34 14S 35E	ls gas actually connected? When 7-7-87				
If this production is commingled with that from any other lease or poo	l, give commingling order number:				
NOTE: Complete Parts IV and V on reverse side if necessary.					
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION				
I hereby certify that the rules and regulations of the Oil Conservation Division hav been complied with and that the information given is true and complete to the best of	APPROVED DEC 1 6 1987				
my knowledge and belief.	BY ORIGINAL SIGNED BY JERRY SEXTON TITLE DISTRICT I SUPERVISOR				
	This form is to be filed in compliance with RULE 1104.				
Jestie D. Scresses	If this is a request for silowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation				
Division Production Manager	tests taken on the well in accordance with AULE 111. All sections of this form must be filled out completely for allow-				
December 9, 1987	able on new and recompleted wells. Fitl 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				

1								
Designate Type of Complet	ion - (X)	Well New Well	Workover	Deepen	Plug Back	Same Res'v.	Dill. Res'v	
Date Spudded .	Date Compl. Ready to Prod.	Total Depth	Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas	Top Cil/Gas Pay			Tubing Depth .		
Perforations	ons				Depth Castr	ng Shoe		
	TUBING, CASI	NG, AND CEMENTIN	G RECORE	<u> </u>				
HOLE SIZE	CASING & TUBING SI		DEPTH SET			SACKS CEMENT		
							•	
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V. TEST DATA AND REQUEST OIL WELL	FOR ALLOWABLE (Test mable for	ust be after recovery o	f total valum ull 24 hours)	e of load oil	and must be ec	qual to or exce	ed top allow	
OIL WELL	FOR ALLOWABLE (Test mable for Date of Test	e this depth or be for fi	utt 24 nours)			qual to or exce	ed top allow	
Date First New Oil Run To Tonks	B018)C	TALE GEPTA OF DE JOF J	etnod (Fiow,			qual to or exce	ed top allow	
V. TEST DATA AND REQUEST OIL WELL Date First New Oil Run To Tanks Length of Test Actual Prod. During Test	Date of Test	Producing M	etnod (Fiow,		ift, etc.)	qual to or exce	ed sop allow	
Date First New Oil Run To Tanks Length of Test Actual Prod. During Test	Date of Test Tubing Pressure	Producing Me	etnod (Fiow,		Choke Size	qual to or exce	ed top allow	
Date First New Oij Run To Tanks Length of Test	Date of Test Tubing Pressure	Producing Me	strod (flow,		Choke Size		ed top allow	

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