## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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## 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

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

## REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

been complied with and that the information given is true and complete to the best of my knowledge and belief.  BY ORIGINAL SECTION  TITLE	I.	AUTHORIZATIO	ON TO TRANSP	URI OIL AND NATU	KAL GAS		
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Reston(s) for filing (Check proper box)  New Well  New Well  Recompletion  Change in Transporter of:  Recompletion  Change in Transporter of:  Change in Other (Freeze explain)  Change in Transporter of:  Change in Other (Freeze explain)  Change in Transporter of:  Change in Other (Freeze explain)  Change in Transporter of:  Change in Other (Freeze explain)  Change in Transporter of:  Change in Transporter of Change in Transporter of:  Change in Transporter of Oil And Natural GAS  Name of Authorited Transporter of Casinghead Gas  County  III. DESCRIPTION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorited Transporter of Casinghead Gas or Day Gas Address (Give address to which approved copy of this form is to be sent)  The Name of Authorited Transporter of Casinghead Gas or Day Gas Address (Give address to which approved copy of this form is to be sent)  III. DESCRIPTION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorited Transporter of Casinghead Gas or Day Gas Address (Give address to which approved copy of this form is to be sent)  III. DESCRIPTION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorited Transporter of Casinghead Gas or Day Gas Address (Give address to which approved copy of this form is to be sent)  III. DESCRIPTION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorited Transporter of Casinghead Gas or Day Gas Address (Give address to which approved copy of this form is to be sent)  III. DESCRIPTION OF TRANSPORTER OF OIL Casinghead Gas or Day Gas Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which appr		m Consult	ants, Inc	orhorated			
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New Well		, 110005,	NOW HOALO		e explain)		
Recompletion	1	Change in Transp	orter of:	J. W. V.			
Change of ownership  Casinghead Gas Condensate  If change of ownership give name Southland Royalty Co. 21 Desta Dr. Midland, Texas 79705  III. DESCRIPTION OF WELL AND LEASE  Lease Name Well No. Pool Name, Including Formation State A 1 Maljamar GR-SA State, Federal or Fee State B-2561  Location  Unit Letter B; 660 Feet From The North Line and 1980 Feet From The East  Line of Section 7 Township 178 Range 33E, NMPM, Lea County  III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorited Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)  The Name of Authorited Transporter of Casingneed Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)  If well produces oil or liquids, Junit Sec. Twp. Rege. Is gas actually connected? When It was a continuous state of the Casingneed with thet 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.  DIL CONSERVATION DIVISION  APPROVED SEP 2 1984 1984 1984 1984 1984 1984 1984 1984				y Gas			
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Lease Name   State A   1   Maljamar   GR-SA   State, Federal or Fee State   B-2561	and address of previous owner						
Lease Name   State A   1   Maljamar   GR-SA   State, Federal or Fee State   B-2561	II. DESCRIPTION OF WELL AND LI	EASE				· · · · · · · · · · · · · · · · · · ·	
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This form is to be filed in compliance with RULE 1104,	IULE 1104.						
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(Signature) well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.	ion of the deviation						
Vice President All sections of this form must be filled out completely for allow	Vice President			1	All sections of this form must be filled out completely for allow-		
(Title) able on new and recompleted wells.						* <b>*</b>	
	September 10, 1984  Fill out only Sections I, II, III, and VI for changes of ow well name or number, or transporter, or other such change of conditions.					changes of owner,	
0	September 10, 1984			Fill out only well name or number	Sections I, II, III, and VI for r, or transporter, or other such c	changes of owner, hange of condition.	