STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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DISTRIBUTION		\top	
SANTA PE			
FILE			
U.S.G.S.			
LAND OFFICE		1	
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 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS				
1. Operator				
Oakland Petroleum Operating Company, Inc.				
Address				
c/o Oil Reports & Gas Services, Inc., P. O. Box	x 755, Hobbs, NM 88241			
Reason(s) for filing (Check proper eax)	Other (Please explain)			
New Well Change in Transporter of:				
	Fffective 3/1/86			
Change in Ownership X Casinghead Gas C	ondensate			
If change of ownership give name and address of previous owner				
II. DESCRIPTION OF WELL AND LEASE				
Lease Name Well No. Pool Name, Including F	Ledge No.			
State SDA 1 South Denton	Devonian State, Federal or Fee State E-2433			
Location M 660				
Unit Letter 660 Feet From The South Line and 660 Feet From The West				
Line of Section 36 Township 15S Range	275			
Line of Section 30 Township 135 Range	37E , NMPM, Lea County			
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL	LGAS			
Name of Authorized Transporter of Oil 🛣 or Condensate 🗌	Address (Give address to which approved copy of this form is to be sent)			
Shell Pipe Line Corporation				
	Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)			
J. L. Davis Unit Sec. Twp. Rge.	211 N. Colorado, Midland, Texas 79701			
If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rgs. E 4 16S 38E	Yes 4/19/63			
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 OIL CONSERVATION DIVISION				
I hereby certify that the rules and regulations of the Oil Conservation Division have APPROVED MAR 6 - 1986				
been complied with and that the information given is true and complete to the best of				
my knowledge and belief.	BY ORIGINAL SIGNED BY JERRY SEXTON			
	TITLE DISTRICT I SUPERVISOR			
10 11 2	This form is to be filed in compliance with RULE 1104.			
If this is a request for allowable for a carrie delite				
(Signoture) 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 complete able on new and recompleted wells.				
(Date) Fill out only Sections I, II, and VI for char well name or number, or transporter, or other such change				

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