STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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SANTA FE		7	Г
FILE		1	_
U.S.G.A.			
LAND OFFICE		1	_
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PROBATION OFFICE			
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OIL CONSERVATION DIVISION P. O. BOX 2088

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

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE AND

Operator AUTHORIZATION TO TRANS	SPORT OIL AND NATU	JRAL GAS			
KWB Oil Property Management, Inc.					
c/o Oil Reports & Gas Services, Inc., P. O. H	Sox 763. Hobbs	NM 88241			
Reason(s) for filing (Check proper box)					
New Well Change in Transporter of:	Other (Please explain)				
Bassastavas David	Effective 4/1/84				
XX stands to support to	Condensate				
f change of ownership give name John R. Parish, Box 763	, Hobbs, NM 88	241			
II. DESCRIPTION OF WELL AND LEASE					
Lease Name Well No. Pool Name, including F	ormation	Kind of Lease	Lease No.		
State SDA 1 South Denton	Devonian	State, Federal or Fee Sta	te E-2433		
Location		500	14-2433		
Unit Letter M : 660 Feet From The South Line and 660 Feet From The West					
Line of Section 36 Township 15S Range	37E , NMPM	Lea			
	7,111111	, Lea	County		
II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL	LCAS				
Name of Authorized Transporter of Oil Or Condensate	Address (Give address)	a which approved copy of this	<u> </u>		
Shell Pipe Line Corporation	i				
Name of Authorized Transporter of Casinghead Gas (A) or Dry Gas	Box 1910, Midland, TX 79701 Address (Give address to which approved copy of this form is to be sent)				
Tipperary Resources, Corporation	500 block T114 - 1 2011				
I have	500 West Illinois, Midland, TX 79701				
tf well produces oil or liquids, 214 location of lanks. Unit Sec. Twp. Rqs.	is gas actually connecte Yes		19/63		
I this production is commingled with that from any other lease or pool,	give commingling order		19/03		
NOTE: Complete Parts IV and V on reverse side if necessary.					
7. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION				
hereby certify that the rules and regulations of the Oil Conservation Division have cen complied with and that the information given is true and complete to the best of					
					1y knowledge and belief.
	DISTRICT I SUPERVISOR				
1.	TITLE				
This form is to be filed in compliance with RULE 1104.					
- Albriales alles	If this is a request for silowable for a newly drilled or deepened well, this form must be eccompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.				
(Signature) Agent					
(Title)	All sections of this form must be filled out completely for allere				
9/14/84 (Date)	able on new and recompleted wells. Fill out only Sections I. II. III, and VI for changes of owner, well name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply				
,5/					
][completed wells.		poor in multiply		