

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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REGISTRATION 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

I. Correction
Operator

KWB Oil Property Management, Inc.
Address

c/o Oil Reports & Gas Services, Inc., P. O. Box 763, Hobbs, NM 88241

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas	Other (Please explain) Effective 4/1/84
<input type="checkbox"/> Recompletion		<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate	
<input checked="" type="checkbox"/> Change in Ownership				

If change of ownership give name and address of previous owner John R. Parish, Box 763, Hobbs, NM 88241

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>New Mexico "M"</u>	Well No. <u>1</u>	Pool Name, Including Formation <u>South Denton Wolfcamp</u>	Kind of Lease State, Federal or Fee	Lease No. <u>E-1384-1</u>
Location Unit Letter <u>L</u> ; <u>1980</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>West</u> Line of Section <u>36</u> Township <u>15S</u> Range <u>37E</u> , NMPM, <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Shell Pipe Line Corporation</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 1910, Midland, TX 79701</u>		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Tipperary Resources Corporation</u>	Address (Give address to which approved copy of this form is to be sent) <u>500 W. Illinois, Midland, TX 79701</u>		
If well produces oil or liquids, give location of tanks. Unit <u>L</u> Sec. <u>3</u> Twp. <u>15S</u> Rge. <u>37E</u>	Is gas actually connected? <u>Yes</u>	When <u>5/1/70</u>	

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

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.

Wanda Haller
(Signature)
Agent
(Title)
9/14/84
(Date)

OIL CONSERVATION DIVISION
APPROVED SEP 17 1984, 19____
BY ORIGINAL SIGNED BY WANDA HALLER
DISTRICT I SUPERVISOR
TITLE _____

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable 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 completed wells.

RECEIVED

SEP 14 1984

O.C.D.
HOBBS OFFICE