

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

DEPARTMENT OFFICE	
DIVISION	
SANTA FE	
FILE	
MAIL ROOM	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C 104
Revised 10-01-78
Format OG-01-63
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REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Russell Trall	
Address c/o Oil Reports & Gas Services, Inc., Box 755, Hobbs, NM 88241	
Change in Transporter of: ☐ Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate	
Other (Please explain) Effective 4/1/85	

If change of ownership give name and address of previous owner **Tenneco Oil Co., 7990 I.H. 10 West, San Antonio, Texas 78230**

II. DESCRIPTION OF WELL AND LEASE

Lease Name Mesa Queen Unit	Well No. 13	Pool Name, including Formation Mesa Queen Associated	Kind of Lease State, Federal or Fee State	Lease K-128
Location Unit Letter I : 1980 Feet From The South Line and 660 Feet From The East Line of Section 17 Township 16 S Range 32 E , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Navajo Refining Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 159, Artesia, New Mexico 88210
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ None - Gas TSTM	Address (Give address to which approved copy of this form is to be sent)
Well produces oil or liquids, or production of tanks. Unit L Sec. 16 Twp. 16S Rgs. 32E	Is gas actually connected? No When

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

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.

[Signature]
(Signature)

Agent

(Title)

5/14/85

(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19

BY **ORIGINAL SIGNED BY JERRY SEXTON**

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 deeper well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of conditions.

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