

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

DATE RECEIVED	
REGISTRATION	
DATE	
TIME	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATOR	
LAND OFFICE	

NAME: Russell Trammell

ADDRESS: c/o Oil Reports & Gas Services, Inc., Box 755, Hobbs, NM 88241

REASON FOR FILING (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate	Other (Please explain) Effective 4/1/85
<input type="checkbox"/> Recompletion		
<input checked="" type="checkbox"/> Change in Ownership		

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. 9	Pool Name, including Formation Mesa Queen Associated	Kind of Lease State, Federal or Fee State	Lease No. K-959
Location Unit Letter <u>H</u> : <u>1880</u> Feet From The <u>North</u> Line and <u>990</u> Feet From The <u>East</u> Line of Section <u>16</u> Township <u>16 S</u> Range <u>32 E</u> , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> None - Injection Well	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Well produces oil or liquids, and location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? 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.

Dennis Holts
(Signature)
Agent
(Title)
5/14/85
(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19____
BY ORIGINAL SIGNED BY JERRY SEXTON
TITLE DISTRICT I SUPERVISOR

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.