

STATE OF NEW MEXICO  
OIL 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

Operator <b>Russell Trammel</b>	
Address <b>c/o Oil Reports &amp; Gas Services, Inc., Box 755, Hobbs, NM 88241</b>	
Change in Transporter of: <input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input checked="" type="checkbox"/> Change in Ownership	
<input type="checkbox"/> Oil <input type="checkbox"/> Gashead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate	
Effective <b>4/1/85</b>	

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 <b>Mesa Queen Unit</b>	Well No. <b>22</b>	Pool Name, including Formation <b>Mesa Queen Associated</b>	Kind of Lease State, Federal or Fee <b>State</b>	Lease No. <b>E-6262</b>
Location Unit Letter <b>D</b> <b>660</b> Feet From The <b>North</b> Line and <b>660</b> Feet From The <b>West</b> Line of Section <b>20</b> Township <b>16 S</b> Range <b>32 E</b> NMPM. <b>Lea</b> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

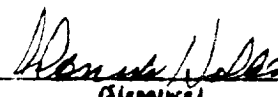
One of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>Navajo Refining Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 159, Artesia, New Mexico 88210</b>
One of Authorized Transporter of Gashead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>None - Gas TSTM</b>	Address (Give address to which approved copy of this form is to be sent)
Well produces oil or liquids, as indicated on lease. Unit <b>L</b> Sec. <b>16</b> Twp. <b>16S</b> Rge. <b>32E</b>	Is gas actually connected? <b>No</b> when

If this production is commingled with that from any other lease or pool, give commingling order number:

Oil: Complete Parts IV and V on reverse side if necessary.

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)  
**Agent**  
(Title)  
**5/14/85**  
(Date)

OIL CONSERVATION DIVISION

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY **ORIGINAL SIGNED BY JERRY SEXTON**  
TITLE **DISTRICT 1 SUPERVISOR**

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.