

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

AS RECEIVED RECEIVED	
DISTRIBUTION	
DATE	
FILE	
WELL	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
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

APPLICANT Russell Trammell		
ADDRESS c/o Oil Reports & Gas Services, Inc., Box 755, Hobbs, NM 88241		
PURPOSE (Check proper box)		Other (Please explain)
<input type="checkbox"/> New Well	Change in Transporter of:	Effective 4/1/85
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas	
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate	

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. 25	Pool Name, Including Formation Mesa Queen Associated	Kind of Lease State, Federal or Fee	Lease No. E-6419
Location				
Unit Letter N	Feet From The 990	South	Line and 1650	Feet From The West
Line of Section 16	Township 16 S	Range 32 E	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.

Agent

5/14/85

(Signature)

(Title)

(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19__

BY ORIGINAL SIGNED BY JERRY SEXTON

DISTRICT I SUPERVISOR

TITLE _____

This form is to be filled 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 deviated 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 multiple completed wells.

RECEIVED
MAY 14 1985
O.C.D.
HOBBS OFFICE