

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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U.S.G.S.		
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 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Five States Energy Company

Address
4925 Greenville Ave., #1220, Dallas, Texas 75206

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

Other (Please explain)
Change of Operator.

If change of ownership give name and address of previous owner
Santa Fe Energy, *Operating Partners L.P.* 500 W. Illinois, Suite 500, Midland, TX 79701

II. DESCRIPTION OF WELL AND LEASE

Lease Name N.H. 5 Federal	Well No. 1	Pool Name, including Formation Hume Wolfcamp-North	Kind of Lease State, Federal or Fee Federal	Lease No. 57535
Location Unit Letter <u>G</u> : <u>2466</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>East</u>				
Line of Section <u>5</u> Township <u>16 South</u> Range <u>34 East</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"/> Texaco <i>Trading & Transp.</i>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 6196, Midland, TX 79711
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Conoco <i>Inc.</i>	Address (Give address to which approved copy of this form is to be sent) 7408 Andrews Hwy., Odessa, TX 79765
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When YES 2-13-87

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

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.

Arthur N. Budge

Arthur N. Budge
(Signature)

Operations Manager
(Title)

January 31, 1991
(Date)

OIL CONSERVATION DIVISION

APPROVED MAR 28 1991, 19

BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT 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

MAR 27 1991

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HOBBS