

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PERMITS 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 BP Exploration Inc.

Address P.O. Box 4587 Houston, TX 77210

Reason(s) 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) <u>Company Name Change Only</u>
<input type="checkbox"/> Recompletion		
<input type="checkbox"/> Change in Ownership		

If change of ownership give name and address of previous owner Sohio Petroleum Company

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>State 35#</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Shipp Strawn</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No. <u>NM01005</u>
Location Unit Letter <u>EP</u> <u>600</u> Feet From The <u>S</u> Line and <u>770</u> <u>660</u> Feet From The <u>E</u>				
Line of Section <u>35</u>	Township <u>16S</u>	Range <u>37E</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"/> <u>Texaco Incorporated Trading & Transp.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 3000 Tulsa, OK 74102</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Phillips Petroleum Company 66 Natl gas</u>	Address (Give address to which approved copy of this form is to be sent) <u>Bartlesville, OK 74004</u>
If well produces oil or liquids, give 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.

Pick W. Shisen
(Signature)
Supv., Production Control & Regulatory Reporting
(Title)
February 8, 1989
(Date)

OIL CONSERVATION DIVISION

APPROVED MAR 31 1989, 19
ORIGINAL SIGNED BY JERRY SEXTON
BY _____
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 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

FEB 18 1989

OCB
HCBAS 105710-