STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTME	NT				Form C-104	
					Revisod 10-0 Format 06-01	
DISTRIBUTION OIL CONSERVATION DIVISION					Page 1	
P. O. BOX 2088						•
U.S.G.S.	SA	NTA FE, NEV	V MEXICO 875	01		
TRANSPORTER OIL						•
GAS OPERATOR			R ALLOWABLE	•		
PADRATION OFFICE	AUTHORIZA		PORT OIL AND N	ATURAL GAS		
Operator				····		
W. A. Moncrief,	Jr.					
Address						
400 W. Illinois, Reason(s) for liling (Check proper bo		idland, TX		lease explain)		
XX New Well	~/ Change in Tra	insporter of:	10	po this	0	
			y Gas ta	st allow at	he - Jul	11988
Change in Ownership	Casinghe	ad Gas 🚺 C	ondensate		- 1	I
f change of ownership give name						
and address of previous owner		<u></u>				
II. DESCRIPTION OF WELL AI	ND LEASE					
Lease Name Well No. Pool Name, Including Fo			ormation	Kind of Lease		Lease No.
State "8"	2 Hu	me, North Wo	lfcamp	State, Federal or F	•• State	L-6721
Location						
Unit Letter B;6	60Feet From T	he <u>North</u> Lu	• and <u>1980</u>	Feet From The _	East	
	1.6 -	۳.	0/5		Ŧ	C
Line of Section 8 T	ownship 16S	Range	<u>34E . N</u>	IMPM,	Lea	County
III. DESIGNATION OF TRAN	SPORTER OF OIL	AND NATURA	L GAS			
Name of Authorized Transporter of O	II XX. or Conde	ensate	Addiess (Give add	ress to which approved c	opy of this form is Bryan I oc	to be sent) le Box 185
J M Petroleum			Address (Give address to which approved copy of this form is to be sent) 2500 Allianz Center, 2323 Bryan, Lock Box 185, Dallas, TX 75201			
Name of Authorized Transporter of C	asinghead Gas	or Dry Gas	Address (Give add	ress to which approved c	opy of this form is	to be sent)
N.A.				N.A.		
If well produces oil or liquids,	Unit Sec.	Twp. Rge.	Is gas actually con	when When		
give location of tanks.	<u> </u>	16 <u>5</u> 34 <u>E</u>	<u>No</u>	i	N.A.	
If this production is commingled v	ith that from any o	ther lease or pool,	give commingling	crder number:		
NOTE: Complete Parts IV and	V on reverse side	if necessary.				
VI. CERTIFICATE OF COMPLI	 ANCF			IL CONSERVATION	BDIVISION	
				. 19		
I hereby certify that the rules and regula been complied with and that the informa	APPROVED_		sectore contractions	,		
my knowledge and belief.	BYORIGINAL SUBRED AT REEX DECION					
1 1			TITLE	Dillig after a factor of a	1 Marian M	
			11	is to be filed in comp		
Ales Mar			11	is to be filed in comp request for allowable		
(Sig	noture)		i well, this form	must be accompanied	by a tabulation	of the deviation
Ed Omar, P.E., Product	ion Manager	•		the well in accordance as of this form must be		
(1	All sections of this form must be filled out completely for allow- able on new and recompleted wells.					
July 25, 1988	ate)		Fill out or	aly Sections I, II, II umber, or transporter, o	, and VI for cha r other such chan	nges of owner, ge of condition
14	/		Separate F	Forms C-104 must be		
			completed well	L.		

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