STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT Form C-104 Revised 10-01-78 Format 06-01-83 DISTRIBUTION OIL CONSERVATION DIVISION Pace 1 BANTA PE P. O. BOX 2088 FILE SANTA FE, NEW MEXICO 87501 U.1.0.4. LAND OFFICE OIL TRANSPORTER REQUEST FOR ALLOWABLE OPERATOR AND PRORATION OFFICE AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator TURMAN AND HAYES Address P. C. Box 3364 Longview, TX 75603 c/o A. T. BURKE Reason(s) for filing (Check proper box) Other (Please explain) New Well Change in Transporter of: 🖂 ou Dry Gas Recompletion Change in Ownership j Casinghead Gas Condensale If change of ownership give name and address of previous owner. II. DESCRIPTION OF WELL AND LEASE Well No. | Pool Name, Including Formation Kind of Lease Legae No. Lease Name Vacuum, Grayburg-San Andres "B" Lee State State, Federal of Fee 5 E-6002 State Location 994 South 330 Feet From The West ____Line and _ М Feet From The Unit Letter 35 E 7 Township 18 S Ronge , NMPM, Lea County Line of Section III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) or Condensate Nome of Authorized Transporter of Cia P. O. Box 2528, Hobbs, NM 38241-2523 TEXAS NEW MEXICO PIPELINE CO. Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas 4001 Penbrook, Odessa, TX 79762 PHILLIPS 66 NATURAL GAS CO. When is gas actually connected? Sec. Twp. Rce. Unit If well produces of or liquids. 1 7 · F 18 S - 35 E Yes give location of tanks. 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.

(Dose)

(Signature)

AGENT FOR TURMAN (Title)

21 October 1937

OIL CON	SERVATION (
APPROVED	NOV 2	1987	. 19	
BY Objective				

TITLE DISTRICT I SUPERVISOR

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.