

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

Form C-104  
Revised 10-01-78  
Format 05-01-83  
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OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

I. Operator  
Hillin-Simon Oil Company

Address  
P. O. Box 1552, Midland, Texas 79702

Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input checked="" type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate

If change of ownership give name and address of previous owner Martindale Petroleum Corp., Box 2403, Hobbs, NM 88240

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>CARRIE O. DAVIS</u>	Well No. <u>2</u>	Pool Name, including Formation <u>EAST HOBBS SAN ANDRES</u>	Kind of Lease State, Federal or Fee <u>FEE</u>	Lease 1
Location				
Unit Letter <u>L</u>	<u>1980</u>	Feet From The <u>SOUTH</u>	Line and <u>660</u>	Feet From The <u>WEST</u>
Line of Section <u>29</u>	Township <u>18S</u>	Range <u>39E</u>	NMPM, <u>LEA</u>	Cour

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Shell Oil Co. Pipeline</u>	<u>P. O. Box 2463, Houston, TX 77252</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Phillips 66 Nat. Gas Co.</u>	<u>P. O. Box 5050, Bartlesville, OK 74005</u>
If well produces oil or liquids, give location of tanks.	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.

W.K. Finkbeiner W. K. Finkbeiner  
(Signature)  
Operations Manager, Hillin-Simon Oil Co.  
(Title)  
12-1-88  
(Date)

OIL CONSERVATION DIVISION

APPROVED DEC 19 1988, 19  
BY ORIGINAL SIGNED BY JERRY SEXTON  
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 deep well, this form must be accompanied by a tabulation of the device tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multi-completed wells.