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STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
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U.S.O.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
FOSSIL FUELS INC. (OLD NAME: STALLWORTH OIL & GAS)

Address
PO BOX 479, DALLAS TX 75221-0479

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 type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

Other (Please explain)
Fossil Fuels Inc. is a subsidiary of Stallworth Oil & Gas, Inc., effective 1/1/86.

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name LANEY REESE	Well No. 1	Pool Name, including Formation HOBBS SAN ANDRES EAST	Kind of Lease State, Federal or Fee FEE	Lease No. 488
Location Unit Letter I : 660' Feet From The EAST Line and 1980' Feet From The SOUTH				
Line of Section 30 Township 18S Range 39E, NMPM, Lea 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"/> SHELL PIPELINE CORPORATION	Address (Give address to which approved copy of this form is to be sent) PO BOX 1910, MIDLAND, TX 79702	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> PHILLIPS PETROLEUM COMPANY 66 Natl Gas	Address (Give address to which approved copy of this form is to be sent) 10 WW FRANK PHILLIPS BLDG, BARTLESVILLE, OK 740	
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 30
	Twp. 18	Rge. 39
	Is gas actually connected?	When
	yes	Unknown

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.

Murray E. Helmers
(Signature)
Murray E. Helmers, Executive Vice President
(Title)

6/15/88

(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 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 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 conditions.

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