## STATE OF NEW MEXICO COLOGY AND MINERALS DEPARTMENT

**. ** ***.** ***	41460	i	
DISTRIBUTION			
SANTA FE			
FILE			
U \$.0.4,			
LAND OFFICE			
IMANIPORTER	UIL		
	GAB		
OPERATOR			
PACRATION OFFICE			

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

Form C-107 Fransed 10-01-78 Format 00-01-83 Page 1

## REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1.	~01110K			LANDINATO				
Operator								
Shirev & Steinberg	<del></del>							
Auciess								
c/o Oil Reports & Gas Se	rvices,	Inc., P. O.	Box 755.					
heastoner) for tiling (Check proper box)				Other (Please explain)				
New Well		Transporter of:	T c		0.44.40-			
Recompletion	$\boldsymbol{\vdash}$	Oil Dry Gas Effective 3/1/85						
Change in Ownership	Castr	ighead Gas	Condensate	<u> </u>				
If change of ownership give name		a n o	n 755					
and address of previous owner	W. Dver	Sr., P. O.	Box /55	. Robbs, N	IM 88241	·		
H. DESCRIPTION OF WELL AND LEASE LC-032233A								
II. DESCRIPTION OF WELL AND	Well No.   Pool Name, including Format							
E was A Fodoral	13	Hobbs Ogal	1.1.1.		State, Federal or Fee Federal	Above		
Rowers A Federal	1 1 1	noros ogai	ıaıa	<del></del>	rederar	ADOVE		
		- Couth		907 5	Fig. 5. Fact			
Unit Letter : 1732.5 Feet From The South Line and 1897.5 Feet From The East								
Line of Section 30 Towns	thip 185	Range	38E	, NMPM	1	Lea County		
Line of Section 3() Township 185 Range 38E , NMPM, Lea County								
III. DESIGNATION OF TRANSPO	RTFR OF C	DIL AND NATU	RAL GAS					
Name of Authorized Transporter of Cil  or Condensate  Adcess (Give address to which approved copy of this form is to be sent)								
Shell Pipeline Corporation			P. O.	P. O. Box 1509, Midland, TX 79704				
Name of Authorized Transporter of Casinghead Gas or Dry Gas			Address	Address (Give address to which approved copy of this form is to be sent)				
Vone			}					
	Jail Sec.	Twp. Rge	. Is ças a	ctually connect	ed? When			
give location of lanks.	J ; 30	188 3	8E No		1			
If this production is commingled with				mingling orde	r number:			
•				giing of a				
NOTE: Complete Parts IV and V	on reverse si	de if necessary.						
VI. CURTIFICATE OF COMPILANCE OIL CONSERVATION DIVISION								
VI. CERTIFICATE OF COMPLIANCE				44.5 %				
I hereby certify that the rules and regulations of the Oil Conservation Division have			azve APPR	OVED	MARL 9 1985	. 19		
been complied with and that the information given is true and complete to the best of						•		
my knowledge and belief.  DISTRICT. SEXYO				Nav.				
			TITL	TITLE DISTRICT LUDSRYISOR				
This form is to be itted in compliance with RULE 1104.								
				uest for allowable for a newly dri t be accompanied by a tabulation				
tests taken on the well in accordance with aug 111.								
Agent (Title)  All sections of this form must be filled out completely for all						letely for allow-		
2/12/05								
(Date)			well n	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 filled for each pool						•		
			ll comple	ited wells.				

