STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

		1	
DISTRIBUTION			
SANTA FE			
FILE			
U.E.G.E.			
LAND OFFICE			
TRANSPORTER	OIL		
	BAD		
O"ERATOR			
SOMMETTING OFFICE			

Operator

OIL CONSERVATION DIVISION P. O. BOX 2088

Form C-104 Revised 10-01-78 Format 06-01-83 Page 1

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

SONNY'S OILFIELD SERVICE INC			
Addross /	EXICD 88240		
Resson(s) for tiling (Check proper box)	Ciber (Please explain)		
New Well Change in Transporter of:	SALE OF OIL ACCUMULATIONS		
Recompletion Oil	Dry GOR FROM SALT WATER DISPOSALWELL		
Change in Ownership Casinghood Gas	Condensate 350 this		
If change of ownership give name and address of previous owner			
II. DESCRIPTION OF WELL AND LEASE I Lease Name Well No. Pool Name, Including	Fermation Kind of Lease Lease No.		
	!		
	SANANDRES State, Federal or Fee STATE A- 1469-2		
Location — R			
Unit Letter 5 : 990 Feet From The SPETH	Line and 1830 Feet From The EAST		
Line of Section 29 Township /85 Range	38E , NMPM, LEA County		
Line of Section 29 Township / Y S Hange	SAF I HOME IN ALEIT		
HI, DESIGNATION OF TRANSPORTER OF OIL AND NATUR	AT GAS		
Rame of Authorized Transporter of CII or Condensate	Accions (Give address to which approved copy of this form is to be sent)		
FORCE PUR hASING OF NM	JADEO PURHASIN OF NMI		
Name of Authorized Transporter of Casinghead Gas or Dry Gas	Address (Give address to which approved copy of this Port is to be sent)		
IVa Discours Hills	1-0. Box 5296 170555, N.M.98		
Tiput Sec. Two Rue.	Is gas actually connected? When		
If well produces oil or liquids, give location of tanks.			
If this production is commingled with that from any other lease or poor	ol, give commingling order number:		
NOTE: Complete Parts IV and V on reverse side if necessary.			
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION		
I hereby certify that the rules and regulations of the Oil Conservation Division has			
been complied with and that the information given is true and complete to the best my knowledge and belief.	BY DEKGINAL SIGNED BY JERRY SEXTON		
my knowledge and benefit	nictoic (1 SUPSKV) SUR		
	TITLE		
α , α λ α	This form is to be filed in compliance with RULE 1104.		
House Perel	If this is a request for ellor/able for a newly drilled or despend		
(Signature)	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with AULE 111.		
(Men. 11194)	All nections of this form muct be filled out completely for allow- this on new and recompleted wells.		
4-15-88 (Date)	Fill out only Sections 1. U. III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.		
	Separate Forms C-164 must be filed for each pool in multiply completed walls.		