STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT Form C-104 Revised 10-01-78 ----Format 06-01-83 OIL CONSERVATION DIVISION DISTRIBUTION Page 1 SANTA PE P. O. BOX 2088 FILE SANTA FE, NEW MEXICO 87501 U.S.O.S. LAND OFFICE OIL TRANSPORTER REQUEST FOR ALLOWABLE OPERATOR AND PROMATION OFFICE AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator W & W Oil. Inc. Address 88260 Lovington, NM P.O. Box 427 Other (Please explain) Reason(s) for filing (Check proper box) New Well Change in Transporter of: Effective 2/1/93IX | OII Dry Gas Recompletion Casinghead Gos Condensate Change in Ownership If change of ownership give name and address of previous owner, II. DESCRIPTION OF WELL AND LEASE Kind of Lease Lease No. Well No. | Pool Name, Including Formation Lease Name State, Federal or Fee E-1774-2 Miller "B" State State North Vacuum Abo Location South Line and 2,105 660 West _ Feet From The Ν Feet From The Unit Letter 34E , NMPM, County 17S Range IPa Township 3 Line of Section **JII. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS** Azidrama (Give address to which approved copy of this form is to be sent) Nome of Authorized Transporter of Oil or Condensate P.O. Drawer 159 Artesia 88210 Navajo Refining Company NM Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas of Dry Gas N/ Α' Is gas actually connected? When Rge. Sec. Unit Twp. If well produces oil or liquids, give location of tanks. 3 17S 34E Ν 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.

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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.

the iclusch

(Signature)	
President	
(Title)	
January 25,	1993 [·]
(Date)	

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This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepens well, this form must be accompanied by a tabulation of the deviatic tests taken on the well in accordance with AULE 111.

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

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

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