

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION
P. O. BOX 2086
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
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SANTA FE	
FILE	
U.S.G.C.	
LAND OFFICE	
TRANSPORTER	OIL
OPERATOR	GAS
REGISTRATION FEE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator W.F. ENTERPRISE

Address P.O. Box 100, Artesia, New Mexico 88210

Reason(s) for filing (Check proper box) Other (if less explain)

<input type="checkbox"/> New Well	Change in Transporter of:
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas
	<input checked="" type="checkbox"/> Dry Gas
	<input checked="" type="checkbox"/> Condensate

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>MAX STATE</u>	Well No. <u>1</u>	Pool Name, including Formation <u>NORTH LARK MORROW</u>	Kind of Lease State, Federal or Fee <u>STATE</u>	Lease No. <u>1-G-7655</u>
Location				
Unit Letter <u>G</u> : <u>1920</u> Feet From The <u>NORTH</u> Line and <u>1780</u> Feet From The <u>EAST</u>				
Line 1 Section <u>32</u> Township <u>18S</u> Range <u>32E</u> NMPM, <u>LEA</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>UNPACED CRUDE OIL</u>	<u>P.O. Box 159, Artesia, New Mexico 88210</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>EL PASO NATURAL GAS COMPANY</u>	<u>P.O. Box 1402, El Paso, Texas 79978</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	<u>G</u> <u>32</u> <u>18</u> <u>32</u> <u>YES</u> <u>JUNE 26, 1920</u>

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.

Jerry E. Sexton
(Signature)
PORTNER
(Title)
JULY 14 1986
(Date)

OIL CONSERVATION DIVISION

APPROVED JUL 15 1986, 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 condition.

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

RECEIVED
JUL 14 1986
C.C.P.
HOBBS OFFICE