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STATE OF NEW MEXICO	ł								
ENERGY AND MINERALS DEPART				•					
EVENST MU MINERALS DEPART	MENT						Form C-104		
								1-78	
BISTRIBUTION	OIL CONSERVATION DIVISION						Format 06-01	<b>4</b> 3	
SANTA PE							Page 1		
PILE	P. O. BOX 2088								
U.8.6.4.	SANTA FE, NEW MEXICO 87501								
LAND OFFICE									
TRANSPORTER OIL					•				
OPERATOR	REQUEST FOR ALLOWABLE								
PROBATION OFFICE AND									
	AUTHO	DRIZATION TO	TRANS	PORT OIL	AND NATU	IRAL GAS			
1.									
Operator									
Kindred Petro	leum Comp	anv							
Address					· · · · · · · · · · · · · · · · · · ·			• <u></u>	
D 0 Dov 411	M: 31								
P. O. Box 411		<u>, Texas</u>	/9/02						
Reason(s) for filing (Check proper	· eorj				Other (Pleas	e esplainj			
New Well	Change	in Transporter of	l:						
Recompletion	[_] oii	l	- 🗌 Þ	ry Gas					
X Change in Ownership		singhead Gas	Па	ondensate					
If change of ownership give nar									
and address of previous owner.	<u> </u>	roduction	<u>) Com</u>	pany,	<u>P. O. E</u>	Box 3092, Hou	iston, TX	77253	
II. DESCRIPTION OF WELL	AND LEASE								
Leese Name		Pool Name, In	cluding F	ormation		Kind of Lease	·····	Lease No.	
				_		State, Federal or Fee			
State HS		West Va	CIIIIM	Bone	Spring		<u>State</u>	L-6309	
								•	
Unit Letter K : 1	<u>980</u> Feet Fi	rom The Sout	th Lin	e and 19	80	_ Feet From The Wes	2 <b>+</b> .		
Line of Section 9	Township 18	_C 8	ange 3	4-E	, NMPM	<b>•</b>			
				<u>4-E</u>	, 11/17/04	Lea		County	
III DESIGNATION OF TRA	NCDODTED OF								
III. DESIGNATION OF TRA	NSPORTER OF	<u> </u>		<u>. GAS</u>				• 	
Name of Authorized Transporter of	— u			1		to which approved copy			
Western Oil Trans	portation	Co., Ind	2.	P. 0.	Box 31	19, Midland,	. TX 7970	2	
Name of Authorized Transporter of	Casinghead Gas (	X or Dry Gas		Address (	Give address i	19, Midland,	of this form is to	be sens)	
Phillips 66 Natur	al Gas Co	mnanv	_	1				1	
	Unit Se		Rge.	1990 1	ually connecte	lding, Bart	lesville,	<u>OK 74004</u>	
If well produces oil or liquide,					ddify connecti	d? When		•	
give location of tanks.	<u> </u>	<u>9 18-S</u>	<u>34-E</u>	Yes		March	10, 198	2	
If this production is commingled	with that from a	ny other lease	or pool	Five comm	ingling order	number: No			
		,				<u></u>			
NOTE: Complete Parts IV as	nd V on reverse	side if necessa	ry.						
			<b>,</b>	14					
VI. CERTIFICATE OF COMPLIANCE				OIL CONSERVATION DIVISION					
				1					
I hereby certify that the rules and regi				APPRO	VED	the state		9	
been complied with and that the information given is true and complete to the best of									
my knowledge and belief.				BY	Oria	Signali			
				1	Pau	I Knuts			
1		11	1	TITLE	 	a and the second			

(Signalwre)

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(Dete)

<u>President</u>

November 1, 1986

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

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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.