

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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

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

|                        |     |
|------------------------|-----|
| NO. OF COPIES RECEIVED |     |
| DISTRIBUTION           |     |
| SANTA FE               |     |
| FILL                   |     |
| U.S.O.E.               |     |
| LAND OFFICE            |     |
| TRANSPORTER            | OIL |
|                        | GAS |
| OPERATOR               |     |
| PROMOTION OFFICE       |     |

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator  
C.W. Trainer  
Address  
c/o Oil Reports & Gas Services, Inc., Box 763, Hobbs, NM 88241  
Reason(s) for filing (Check proper box)  
☐ New Well ☐ Change in Transporter of:  
☐ Recompletion ☐ Oil ☐ Dry Gas  
☐ Change in Ownership ☒ Casinghead Gas ☐ Condensate  
Other (Please explain)

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

NM-0245247

|   |               |   |   |                    |
|---|---------------|---|---|--------------------|
| Lease Name<br>McElvain  | Well No.<br>4 | Pool Name, including Formation<br>EK Bone Springs | Kind of Lease<br>State, Federal or Fee<br>Federal | Lease No.<br>Above |
| Location<br>Unit Letter <u>0</u> ; <u>660</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>East</u><br>Line of Section <u>25</u> Township <u>18S</u> Range <u>33E</u> , NMPM, <u>Lea</u> County |               |   |   |                    |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|   |   |             |
|---|---|-------------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/><br>Navajo Refining Company | Address (Give address to which approved copy of this form is to be sent)<br>P.O. Box 159, Artesia, NM 88210     |             |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/><br>Conoco, Inc.               | Address (Give address to which approved copy of this form is to be sent)<br>P.O. Box 1267, Ponca City, OK 74603 |             |
| If well produces oil or liquids,<br>give location of tanks.   | Unit<br>0   | Sec.<br>25  |
|   | Twp.<br>18S   | Rge.<br>33E |
|   | Is gas actually connected? <u>Yes</u> When <u>1/3/85</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.

Donna Hales  
(Signature)  
Agent  
(Title)  
1/7/85  
(Date)

OIL CONSERVATION DIVISION  
JAN - 8 1985

APPROVED \_\_\_\_\_, 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.