## STATE OF NEW MEXICO ENERGY NO MINERALS DEPARTMENT

DISTRIBUTION					
SAMTA FE					
FILE					
V.1.0.4.					
LANG OFFICE					
TRANSPORTER	OIL				
	GAS				
OPERATOR					
PROBATION OFFICE			$\neg \neg$		

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

Form C-104 Revised 10-01-78 Format 06-01-63 Page 1

Separate Forms C-104 must be filled for each pool in multip.

## REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Phillips Pe	etroleum C	ompany				
Address					<del></del>	
4001 Penbro	ook. Odes	sa, Texas 79	9762	•		
Reason(s) for filing (Check proper bo	×/	, ,		lease explain)	<del></del>	
☐ Nem Ael1	Change !	n Transporter of:				
Recompletion	on on		Dry Gas	ffective Date 1-1-86		
Change in Ownership	₩ Case	Ingheed Gas	riective date 1-1-86			
<del></del>			<u></u>			
f change of ownership give name				•		
and address of previous owner			***************************************		<del></del>	
II. DESCRIPTION OF WELL AN	ייי ודאכם		•			
Lesse Name		Pool Name, Including	Formetion	Kind of Legge	Lease No.	
M. E. Hale	8	Vacuum Gravi	ourg/San Andres	State, Federal es Con		
Location		racaam orayi	dig/ban Andres		B-2317	
		• .				
Unit Letter P : 56	00 Feet Fre	The East	_ine and660	Feet From The South		
•			•			
Line of Section 35 To	waship 17-	-S Range	<u>34-Е , м</u>	<b>мрм,</b> Lea	Caunty	
Texas New Mexico Pipe Name of Authorized Transporter of Co Phillips 66 Natural Ga If well produces oil or liquids, que location of tanks.	ninghead Gas K	GPM Gas Corp	Address (Give addr	Es to which approved copy of this / E. February 1, 1992 Ook, Odessa, Texas 7	9762	
f this production is commingled w	ith that from an	ny other lease or poo	l, give commingling of	order number:		
NOTE: Complete Parts IV and	V on reverse s	ride if necessary.		<del></del>		
VI. CERTIFICATE OF COMPILANCE			OIL CONSERVATION DIVISION			
				MAR 1 9 1986	•	
hereby certify that the rules and regular seen complied with and that the informati				WER 1 9 1300	, 19	
ny knowledge and belief.	ou given is due at	ad combiers to the pest o		iga ang mgaro by isang paday	ron.	
/ 1			DY	DISTRICT I SUPERVISOR		
			TITLE			
	j			a sa ba Mad I a sa II		
/ WI OWNER	✓ Ken Jo	ohnson	1.5	s to be filed in compliance with	_	
(Sign	HW4/		well, this form	request for allowable for a newl must be accompanied by a tabula	y drilled or deepens	
Froduction Records Su	pervisor		teets taken on t	he well in accordance with Au	LE 111.	
Tu	le)	*	All sections	of this form must be filled out	completely for allo-	
January 24, 1986			1)	recompleted wells.		
(Pe	te i		Fill out onl	y Sections L. II. III. and VI for	t changes of owns	

completed wells.

