TLINTE UP LEW MEXICO		·						
ENERGY NO MINERALS DEPARTMENT						•		
						Form C-104 Revised 10-		
DIL CONSERVA				DIVISIO	DN	Format 06-0	01-83	
P. O. BOX 2088							•	
U.B.B.A.		SANTA FE, NE	WMEX	CO 87501				
TRANSPORTER OIL								
040		REQUEST FO	R ALLO	ABLE				
			AND		•	•		
I.	AUTHOR	ZATION TO TRANS	SPORT OI	L AND NATU	JRAL GAS		•	
Mobil Producing 1	TX & NI	1 Inc.						
9 Greenway Plaza	, Suite	e 2700, Houstor	, TX ;	77046				
Roosen(s) for filing (Check proper box)				Other (Pleas				
New Voll Change in Transporter of:								
Recompletion 🖸 Oil 🔲 Dry Ges								
Change in Ownership	C == 1	ngheod Ges 🗌 C	Condensete			•		
f change of ownership give name ind address of previous owner					· ·		·····	
I. DESCRIPTION OF WELL AND LE	ASE							
Losse Name	Well No.	Pool Name, Including f	ermation		Kind of Lease		Lease No.	
State "M"	13	Vacuum Glori	eta		State, Federal or F	🕶 State	B-2273	
D 220								
Unit Letter;330;	Feel Fro	• The West	ne end	330	Feet From The	North		
Line of Section 34 Township	17.		35-E					
	<u> </u>	S Range		, NMPM	. Lea		County	
IL DESIGNATION OF TRANSPORT	ER OF (	OT AND NATURA	GAS					
Name of Authorized Transporter of Oil 🔼	or C		A30:088	(Give address i	to which approved co	by of this form is i	ie be sent)	
Texas-New Mexico Pipe Lir	ne Co.				bs, NM 88241			
Name of Authorizod Transporter of Casinghe	od Gae 💢				VE: February 1		ie be sentj	
Phillips Petroleum Co. 64		- freed to	Fran	<u>k_Phillip</u>	s Bldg Bart	tlesville, (	)K 74004	
If well produces eil er liguids, <sup>(Unit</sup> Eive location ef tanks, <sup>(D</sup>	Sec.		ls que ac	tually connecti	od? When			
			1	Yes				
this production is commingled with the	t from an	y other lesse or pool.	give com	ningling order	r number:			
OTE: Complete Parts IV and V on	reverse si	de if necessary.						
1. CERTIFICATE OF COMPLIANCE				OIL CONSERVATION DIVISION				
hereby certify that the rules and regulations of	the Oil Co	nservation Division have	APPR	OVED	JAN 2	2 1987 ·	10	
cen complied with and that the information give: iy knowledge and belief.	n is true an	d complete to the best of				· · ·		
and a second s			BY	ORIO		JERRY SEXTON		
			TITLE		DISTRICT I SUP	ERVISOR		
Glad : he A set			-	10 10 10 10	h			
XHUUNA M. Xullivan					be filed in compli			
Authorized Agent			j well, ti	118 Torm must	est for allowable : bs accompanied b well in accordance	W & fabulation at	f the deviation	
01-19-87 (Tulo)				All sections of this form must be filled out completely for allow- able on new and recompleted wells.				
(Date)				Fill out only Sections L. II. III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.				
•			5+5	arate Forma ed wella.	C-104 must be fi	lied for each po	ol in multiply	
				÷.				

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