nit 5 Copies opriate District Office	State of New Mexico Energy, Minerals and Natural Resources Department						Form C-104 Revised 1-1-89 See Instructions at Bottom of Page		
RICT I Box 1980, Hobbs, NM 88240	OI	L CC	)NSER	VAT	ION DIVISION			•	
IRICT II Drawer DD, Artesia, NM 88210		Sant	r F. a Fe, Nev	w Mexi	ico 87504-2088				
IRICT III ) Rio Brazos Rd., Aziec, NM 87410	REQUE			WABL	E AND AUTHORIZA	TION			
	тс	TRAN	SPORI	OILA	ND NATURAL GAS				
pton & Denton						API	<u>#30-025-</u>	23550	
1			Dest (	755 1	Hobbs, NM 88241				
o Oil Reports & Gas S	ervices,	, Inc.	, BOX	155, 1	Other (Please explain)				
w Well	C		Transporter o	sf:	Effective	∍ 6/1/91			
completion	Oil Casinghead		Dry Gas Condensate						
ange in Operator	Campicat								
address of previous operator									
DESCRIPTION OF WELL	AND LEA	SE Well No.	Pool Name,	Includin	g Formation	Kind of	Lease dembur Xee	Lease No. E-6005	
ure State		2	Pea	rl Qu	een				
ocation				_ c	South Line and5	60 Feet	From The	West Line	
Unit LetterM	:560	) 	Feet From	The				County	
Section 36 Townshi	ip 195	5	Range	34E	, NMPM,		Lea	Contact	
		0 05 0	IT AND	NATUI	RAL GAS			to the sound)	
I. DESIGNATION OF TRAN tame of Authorized Transporter of Oil	ASPORTED AXX	or Condea		7	Address (Give address to white	ch approved o	opy of this for mx 70	m <i>is to be setu)</i> 711 0628	
Tayaco Trading & Trans	<u>. Inc.</u>				P.O. Box 60628, Address (Give address to whi	ch approved	opy of this for	m is to be sent)	
iame of Authorized Transporter of Casia	ighead Gas	XXX	or Dry Ga	•	P. O.Box 1589, 7	<u>fulsa, C</u>	K 74102	2	
varren Petroleum Compa f well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When '	? 11/6/90		
a stand to the second to the s	M	36	195	34E	Yes				
this production is commingled with the	t from any oth	er lease of	r pool, give c					Same Res'y Diff Res'y	
V. COMPLETION DATA		Oil We	11 Gau	Well	New Well Workover	Deepen	Plug Back		
Designate Type of Completion	n - (X)	<u> </u>			Total Depth		P.B.T.D.		
Date Spudded Date Compl. Ready to Prod.							1		
Date Spudded							L		
	Name of P				Top Oil/Gas Pay		Tubing Dept	h	
Date Spudded Elevations (DF, RKB, RT, GR, etc.)					Top Oil/Gas Pay		Tubing Dept Depth Casin		
	Name of P	roducing	Formation						
Elevations (DF, RKB, RT, GR, etc.)	Name of P	TUBIN	Formation	g and	CEMENTING RECOR	D	Depth Casin		
Elevations (DF, RKB, RT, GR, etc.)	Name of P	TUBIN	Formation	G AND ZE		D	Depth Casin	g Shoe	
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with Rule 111.
2) All sections of this form must be filled out for allowable on new and recompleted wells.
3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
4) Separate Form C-104 must be filed for each pool in multiply completed wells.