## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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V.8.0.A.		
LAND OFFICE		
TRANSPORTER	OIL	
	0 46	
OPERATOR		
PROBATION OFFICE		

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

Form C-104 Revised 10-01-78 Format 05-01-83 Page 1

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

1.	SI OKT OIL AND NATU	RAL GAS		
Operator E. V. t				
Harvey E. Yates Company				
P.O. Box 1933, Roswell, New Mexico 88201		•		
Reason(s) for filing (Check proper box)	Other (Please	esplain)		
New Vell Change in Transporter of:		•		
	Ry Gas			
A Change in Ownership Casinghead Gas C	Condensate Effec	tive 4-1-88		
If change of ownership give name Kaiser Francis Oil, Citi Corp and address of previous owner_	Building, 6733 Sout	h Yale Ave, Tulsa, OK 741	.72	
II. DESCRIPTION OF WELL AND LEASE	•			
Lease Name Well No. Pool Name, Including f	ormation.	Kind of Lease	Locae No.	
Federal 30 #1 Gen Morrow	•	State, Federal or Fee Federal	NM 073240	
Lecation	•			
Unit Letter I : 1980 Feet From The South Life	10 and	Feet From The East		
Line of Section 30 Township 19S Range	33E , NMPM.	Lea	County	
III DESIGNATION OF THE ANGROPPING OF AN ANGRES			•	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL		o which approved copy of this form	i. 10 he	
Koch Oil Company P.O. Box 3609, Midland, Texas 79701				
Name of Authorized Transporter of Casinghead Gas or Dry Gas		o which approved copy of this form	is to be sens)	
El Paso Natural Gas Company	P.O. Box 1492, E1		· · · · · · · · · · · · · · · · · · ·	
if well produces oil or liquids.  Unit Sec. Twp. Rqs.  elve location of tanks.  I 30 198 33E	Is gas octually connecte Yes	47 When 99		
If this production is commingled with that from any other lease or pool,		number:		
•			<del></del>	
NOTE: Complete Parts IV and V on reverse side if necessary.	**			
VI. CERTIFICATE OF COMPLIANCE	· OIL CO	DNSERVATION DIVISION		
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	APPROVED:	APR 2 5 1988	_, 19	
my knowledge and belief.	BY ORIGINA	BY ORIGINAL SIGNED BY JERRY SEXTON		
	DI	STRICT I LIPERVISOR	<b>A</b>	
	TITLE		•	
Sharm Hel	This form is to	be filed in compliance with mu	LE 1104.	
(Signature)	If this is a reque	est for allowable for a newly dr	illed or deepened	
Production Analyst	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with AULE 111.			
(Tule)	All sections of this form must be filled out completely for allowable on new and recompleted wells.			
April 12, 1988 (Date)	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 completed wells.	C-104 must be filled for each	pool in multiply	

