

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-1-78

NO. OF COPIES REQUIRED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.	
LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE  
AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator ~~XXXXXXXXXXXX~~ SOUTHLAND ROYALTY CO.

Address

21 Desta Drive, Midland, Texas 79705

Reason(s) for filing (Check proper box)

New Well ☐Recompletion ☐Change in Ownership ☐

Change in Transporter of:

Oil ☒Casinghead Gas ☐Dry Gas ☐Condensate ☐

Other (Please explain)

If change of ownership give name  
and address of previous owner

## II. DESCRIPTION OF WELL AND LEASE

Lease Name Smith "5"	Well No. 1	Pool Name, including Formation Scharb (Bone Spring)	Kind of Lease State, Federal or Fee Fee	Lease
Location				
Unit Letter P	660	Feet From The East	Line and 760	Feet From The South
Line of Section 5	To Township 19S	Range 35E	NMPM.	Lea

EOTT Energy Corp.  
Effective 7-1-93

## III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> Enron Oil Trading & Transportation Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 10607, Midland, Texas 79702					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1589, Tulsa, Okla. 74102					
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 5	Twp. 19S	Rge. 35E	Is gas actually connected? Yes	When 7-6-81

## 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 above is true and complete to the best of my knowledge and belief.

*Barbara Carter Roland*  
(Signature)

Production Assistant

(Title)

11-8-88

(Date)

## OIL CONSERVATION DIVISION

NOV 14 1988

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY ORIGINAL SIGNED BY JERRY SEXTON

DISTRICT I SUPERVISOR

TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1.05.

If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the devt tests taken on the well in accordance with RULE 1.11.

All sections of this form must be filled out completely for a well on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of a well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multi-completed wells.

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HOBBS OFFICE

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