

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL
	GAS
OPERATOR	
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OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Jennings Exploration Company	
Address c/o Oil Reports & Gas Services, Inc., P. O. Box 755, Hobbs, New Mexico 88241	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input checked="" type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate Effective 7/1/86

If change of ownership give name and address of previous owner Cabana Oil Corporation, P. O. Box 755, Hobbs, New Mexico 88241

II. DESCRIPTION OF WELL AND LEASE

Lease Name Carter Estate	Well No. 1	Pool Name, including Formation Johnson Draw - Yeso	Kind of Lease State, Federal or Fee	Lease No. Fee
Location Unit Letter <u>N</u> ; <u>1000</u> Feet From The <u>South</u> Line and <u>1080</u> Feet From The <u>East</u> Line of Section <u>32</u> Township <u>17S</u> Range <u>39E</u> , NMPM, <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

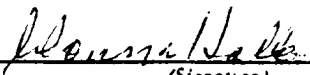
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Pride Pipeline Company	Address (Give address to which approved copy of this form is to be sent) 1242 N. 4th, Abilene, TX 79604					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips 66 Natural Gas	Address (Give address to which approved copy of this form is to be sent) Bartlesville, Oklahoma 74004					
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 32	Twp. 17S	Rge. 39E	Is gas actually connected? Yes	When 10/19/83

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

NOTE: Complete Parts IV and V on reverse side if necessary.

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

  
(Signature)  
Agent  
(Title)  
7/14/86  
(Date)

OIL CONSERVATION DIVISION

APPROVED JUL 22 1986, 19

BY ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR  
TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

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

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 C-104 must be filed for each pool in multiply completed wells.