

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

Form C-104
Revised 10-1-78

NAME OF TOWNSHIP	
DISTRICT	
SANTA FE	
PLAT	
U.S.S.	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator
XXXXXXXXXXXXXXXXX SOUTHLAND ROYALTY CO.

Address
21 Desta Drive, Midland, Texas 79705

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE				
Lease Name Smith "5"	Well No. 4	Pool Name, including Formation Scharb (Bone Spring)	Kind of Lease State, Federal or Fee	Fee
Location Unit Letter <u>I</u> ; <u>2149</u> Feet From The <u>South</u> Line and <u>700</u> Feet From The <u>East</u> Line of Section <u>5</u> Township <u>19S</u> Range <u>35E</u> , NMPM, Lea County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS						
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input 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 I	Sec. 5	Twp. 19S	Rge. 35E	Is gas actually connected? Yes	When

CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION NOV 14 1988
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.	APPROVED _____, 19____ BY ORIGINAL SIGNED BY JERRY SEXTON DISTRICT SUPERVISOR
<u>Barbara Cater Holcomb</u> (Signature) Production Assistant <u>11-8-88</u> (Date)	TITLE _____ This form is to be filed in compliance with RULE 100. If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the device tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for all wells 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 conditions. Separate Forms C-104 must be filed for each pool in multi-completed wells.