

NAME _____
ADDRESS _____
CITY _____
COUNTY _____
ZIP _____
TRANSPORTER _____
OPERATOR _____
PRODUCTION OFFICE _____

OIL CONSERVATION DIVISION
P. O. BOX 2528
SANTA FE, NEW MEXICO 87501

Form O-104
Page 1

ILLEGIBLE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1. Name of Operator: Texas New Mexico Pipeline Co.
2. Address: P.O. Box 2528, Hobbs, New Mexico 88240
3. Name of Transporter: Texas New Mexico Pipeline Co.

4. Type of Gas: ☒ Wet Gas ☐ Dry Gas
5. Name of Well: East Hamont Unit
6. Location: 14 East Hamont Yates 7-Rivers Queen
7. Kind of Lease: State, Federal or Fed. FEDERAL NM-10163

II. DESIGNATION OF WELL AND LEASE

8. Lease Name: East Hamont Unit
9. Well Name: 14 East Hamont Yates 7-Rivers Queen
10. Location: Unit Letter A 660 Feet From The North Line and 660 Feet From The East Line of Section 4 Township 19S Range 37E NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

11. Name of Authorized Transporter of Oil or Condensate: Texas New Mexico Pipeline Co (0055-1951)
12. Address: PO Box 2528, Hobbs, New Mexico 88240
13. Name of Authorized Transporter of Gas: ☒ Wet Gas ☐ Dry Gas
14. Address: None
15. If well produces oil or liquids, give location of tanks: Unit M Sec. 3 Twp. 19S Rge. 37E
16. Is gas actually connected? No When _____

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.

Ja. Heas
(Signature)
Hobbs Area Superintendent 397-3571
9-9-88
(Date)

OIL CONSERVATION DIVISION

APPROVED SEP 22 1988, 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 O-104 must be filed for each pool in multiply completed wells.