

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
OPERATOR	GAS
PRODUCTION OFFICE	

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

Form C-104
Revised 10-01-78
Format 06-01-23
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator Senrab, Inc.

Address Suite 305 - Box 9 401 W. Texas Blvd. Midland, Tx 79702

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input checked="" type="checkbox"/> Condensate
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

Other (Please explain) _____

If change of ownership give name and address of previous owner Marathon Oil Company

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Land Sec. State 9</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Bowers, SR, Queen, South</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No.
Location				
Unit Letter <u>N</u>	<u>990</u> Feet From The <u>South</u> Line and <u>2390</u> Feet From The <u>West</u>			
Line of Section <u>9</u>	Township <u>19S</u>	Range <u>38E</u>	N.M.P.M.	Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Navajo Refining Company</u>	<u>P.O. Box 159 Artesia, NM 88210</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Phillips 66 Natural Gas Company</u>	<u>P.O. Box 5050 Bartlesville, OK 74005</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. is gas actually connected? when
<u>N 9 19S 38E</u>	<u>yes 1957</u>

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.

Paul Bliss
Agent (Signature)

1-15-90

(Date)

OIL CONSERVATION DIVISION

APPROVED JAN 16 1990, 19
BY Paul Kautz
TITLE Geologist

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.

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JAN 15 1991
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