STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

| PERATOR OFFICE  | P. O. BO<br>SANTA FE, NEW<br>REQUEST FO                        | ATION DIVISION<br>DX 2088<br>W MEXICO 87501<br>R ALLOWABLE | Revised 10-01-78<br>Format 06-01-83<br>Page 1                     |
|---|--|--|---|
| I.  | AUTHORIZATION TO TRANS   | PORT OIL AND NATURAL GAS                                   |   |
| Operator<br>ESTACADO  | 2, INC.  |  |   |
| Address P.O. BOX 3  | 587. +10BBS, N,  | M. 88240   |   |
| Reason(s) for filing (Check proper<br>New Well<br>Recompletion<br>Change in Ownership         | Change in Transporter of:                                      | Other (Please explain)<br>ry Gas<br>ondensate              |   |
| If change of ownership give name<br>and address of previous owner_<br>II. DESCRIPTION OF WELL | CROWN CENTRAL PETH   | R. CORP. 4000NORTH BID                                     | <u>i SPRING, MIDLANII), 17.</u><br>79705                          |
| Lease Name  | Well No. Pool Name, Including F                                |  | Ledse No.   |
| PERRY FEDERI  | 92 1 LYNCH, YATE   | = 5 - 7 RIVERS State, Federal c                            | or Foo FEDERAL LE 061144  |
|   | 330 Feel From The <u>SOUTH</u> Lin<br>Township 2050UTH Range 3 |  | LEA County  |
| III. DESIGNATION OF TRA   | NSPORTER OF OIL AND NATURAL                                    | GAS  |   |
| Name of Authorized Transporter of   | OII X or Condensate  | Address (Give address to which approved                    | d copy of this form is to be sent)                                |
| Name of Authorized Transporter of   | CO. PIPE LINE CO.  | Address (Give address to which approved                    | $A_{1}D_{1}X_{1}Y_{1}O_{1}$<br>d copy of this form is to be sent) |
| If well produces oil or liquids,<br>give location of tanks.                                   | Unit, Sec. Twp. Rge.   | Is gas actually connected? 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.

(Signature) VI, RESIDE (Date)

| OIL CONSERVATION DIVISION<br>APPROVEDAUG 1 3 1986                 | 19 |  |  |  |
|---|----|--|--|--|
| BY ORIGINAL SIGNED BY JERRY SEXTON<br>TITLE DISTRICT I SUPERVISOR |    |  |  |  |

Form C-104

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 AULE 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.

