NO. OF COPIES RECE	IVED		
DISTRIBUTIO	И		
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			<u> </u>
TRANSPORTER	OIL		
IRANSPORTER	GAS		
OPERATOR			
PROBATION OFFICE			1

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-110

511.5		HORRES OFFICE O. C. C.	
FILE		NSPORT OIL AND NATURAL G	AS
U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL G IUN IB II 46 AM °68	
LAND OFFICE	•	ANTO EL 40 MIL ON	
TRANSPORTER GAS			
OPERATOR			
Operator Operator			
•			
R. G. McPheron			
	New Martine 89240		
Reason(s) for filing (Check proper box)	New Mexico 88240	Other (Please explain)	
	Change in Transporter of:		
New We!l	Oil XX Dry Go	ıs 🗍	
Recompletion	Casinghead Gas Conder	$\overline{\frown}$	
Change in Ownership	Cushighed da		
If change of ownership give name			
and address of previous owner			
DESCRIPTION OF WELL AND I	Well No. Pool Name, Including F	ormation Kind of Leas	e Lease N
Lease Name	!	State, Federa	rl or Fee Fee
Crump	Hobbs San A	Andres	
Location	70 Namba	ne and 990 Feet From	The EAst
Unit Letter A; 3	30 Feet From The North Lin	ne and reet rions	Title
	10.0	38 E , NMPM,	Lea Count
Line of Section 5 Tov	vnship 9 8 Range	30 E , 14(4) (4)	200
	AND NATURAL C	A C	
DESIGNATION OF TRANSPORT	or Condensate	Address (Give address to which appro	oved copy of this form is to be sent)
Name of Authorized Transporter of Oil		I	
Shell Pipe Line	Company singhead Gas or Dry Gas	Box 1910, Midland, Te	oved copy of this form is to be sent)
Name of Authorized Transporter of Cas	singhedd Gds Of Dry Gds		
			nen
	T D ==	te are actually connected? . Wi	
If well produces oil or liquids,	Unit Sec. Twp. Rge.	is gas actuary commercial	
If well produces oil or liquids, give location of tanks.	A 15 19 38	is gus detaury commercial	
give location of tanks.	A 15 19 38	is gus detaury commercial	
	A 15 19 38	is gus detaury commercial	Plug Back Same Res'v. Diff. Re
give location of tanks. If this production is commingled wi COMPLETION DATA	A 15 19 38 th that from any other lease or pool on $-(X)$ Gas Well	, give commingling order number:	
give location of tanks. If this production is commingled wi COMPLETION DATA Designate Type of Completion	A 15 19 38 th that from any other lease or pool on $-(X)$ X X	, give commingling order number: New Well Workover Deepen X	
give location of tanks. If this production is commingled wi COMPLETION DATA	A 15 19 38 th that from any other lease or pool on $-(X)$ Gas Well	, give commingling order number:	Plug Back Same Res'v. Diff. Re
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above is true and complete to the best of my knowledge and belief.

Also San	nopheron	
Operator	(Signature)	
June 14,	(Title)	

(Date)

APPROVED	20.00 19.85	, 19
	w. Run	y and
BY		
TIT1 F	100 miles	

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.