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I.

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#### State of New Mexico Energy, Minerals and Natural Resources Department

## **OIL CONSERVATION DIVISION**

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

#### REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

21 Desta Drive       Midland, Texas       79705         Resson(s) for Filing (Check proper box)       Image in Transporter of:       Other (Please capiain)         New Well       Change in Transporter of:       Effective 2-1 -89         Recompletion       Oil       Dry Gas       Image in Operator         Change in Operator       Casinghead Gas       Condensate       Image in Operator       Effective 2-1 -89         Change of operator       Doyle Hartman       P.O. Box 1861       Midland, Texas       79702         IL DESCRIPTION OF WELL AND LEASE       Lease Name       Well No.       Pool Name, including Formation       Kind of Lease       Lease No.         R.H. Huston, Jr.       3       Eunice-Monument       GB-SA       Kind of Lease       Lease No.	Operator					Well API No.	
21 Desta Drive       Midland, Texas       79705         Resconds for Filing (Check proper box)       Other (Please captain)       Other (Please captain)         New Well       Change in Transporter of:       Effective 2-1 -89         Recomplation       Oil       Dry Gas       Effective 2-1 -89         Change of operator       Doyle Hartman       P.O. Box 1861       Midland, Texas       79702         I DESCRIPTION OF WELL AND LEASE       Ease Name       Kind of Lease       Lease Na.         Lease Name       Well No.       Pool Name, including Formation       Kind of Lease       Lease Na.         Unit Letter       0       : 990       Feet From The       Science Operator Structure of Check propered on the Science of Che	Meridian Oil Inc	•					
Research () for Filing (Check proper box)       Other (Piease capitain)         New Well       Obage in Transporter of:       Effective 2-1 -89         Recompletion       Oil       Dry Cas       Effective 2-1 -89         Change in Operator       Casinghead Gas       Condensate       Iffective 2-1 -89         Change in Operator       Doyle Hartman       P.O. Box 1861       Midland, Texas 79702         IL DESCRIPTION OF WELL AND LEASE       Doyle Hartman       P.O. Box 1861       Midland, Texas 79702         IL DESCRIPTION OF WELL AND LEASE       Eunice-Monument GB-SA       Kind of Lease       Lease No.         R.H. Huston, Jr.       3       Eunice-Monument GB-SA       Steed of Lease No.         Value       0       990       Feet From The       Stime and 1650       Feet From The       Lease No.         Section       8       Township       19-S       Range       37-E       NMPM,       Lea       County         III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS       SCURLOCK PERMIAN CORP EFF 9-1-91       Name of Authorized Transporter of Oil (XM) or Condensate       P.O. Box 1183       Houston, Tx, 77001         Name of Authorized Transporter of Oil (XM) or Don for GAGE       Or Dry Gas       Address (Give address to which approved copy of this form is to be sent)       P.O. Box 1183       Houston, Tx, 77001 <th>Address</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>	Address						
New Well       Change is Transporter of:       Effective 2-1 -89         Recompetion       Oil       Dry Gas         Change is Operator give same       Doyle Hartman       P.O. Box 1861       Midland, Texas 79702         It DESCRIPTION OF WELL AND LEASE       Lease Name       Vall No.       Pool Name, Including Formation       Kind of Lease         Lase Name       Well No.       Pool Name, Including Formation       Kind of Lease       Lease Name         R.H. Huston, Jr.       3       Eunice-Monument       GB-SA       Kind of Lease       Lease Name         Usit Letter       0       : 990       Feet From The       S       Line and       1650       Feet From The       E       Line         Section       8       Township       19-S       Range       37-E       NMPM       Lea       County         III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS       SCURLOCK PERMIAN CORP EFF 9-1-91       Name of Authorized Transporter of Oil       Address (Give address to whick approved copy of this form is to be seen)       P.O. Box 1183       Houston, Tx.       77001         Name of Authorized Transporter of Chainghead Gas       IV       or Dy Gas       Address (Give address to whick approved copy of this form is to be seen)       P.O. Box 1184       Jal. N.M. 88252       P.O. Box 1184       Jal. N.M. 88252       P	21 Desta Drive	Mic	lland, Texa	us 7	9705		
Recompletion       Oil       Dry Gas       Canage in Operator Dry Orgen       Dry Gas         (fdange in Operator give same and badree of previous operator in badree of previous operator       Doyle Hartman       P.O. Box 1861       Midland, Texas       79702         IL DESCRIPTION OF WELL AND LEASE       Doyle Hartman       P.O. Box 1861       Midland, Texas       79702         IL DESCRIPTION OF WELL AND LEASE       Eunice-Monument       GB-SA       Mathematic Stress       Less No.         R.H. Huston, Jr.       3       Eunice-Monument       GB-SA       Mathematic Stress       Less No.         Usit Letter       0       :990       Feet From The       S       Line and       1650       Feet From The       E       Line         Section       8       Townahip       19-S       Range       37-E       NMPM,       Lea       Country         III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS       SCURLOCK PERMIAN CORP EFF 9-1-91       Address (Give address to which approved copy of this form is to be sent)       P.O. Box 1183       Houston, T.X. 77001         Name of Authodized Transporter of Quingbased Gas       EX       or Dry Gas       Address (Give address to which approved copy of this form is to be sent)         Permian       Gorportation       0       8 [195]       37E       gas acanaly conenoddr       <	Reason(s) for Filing (Check proper box)				Other (Please explain)		
Change is Operator       Casingbead Gas       Condensate         I change of operator give name address of previous operator       Doyle Hartman       P.O. Box 1861       Midland, Texas       79702         IL DESCRIPTION OF WELL AND LEASE       Doyle Hartman       P.O. Box 1861       Midland, Texas       79702         Lass Name       Well No.       Pool Name, lackding Formasion       Kind of Lease       Lass No.         R.H. Huston, Jr.       3       Eunice-Monument       G.BS.A       Kind of Lease       Lass No.         Usit Letter       0       : 990       Feet From The       S       Line and       1650       Feet From The       E Line         Section       8       Township       19-S       Range       37-E       NMPM,       Lea       Country         Mit       Designation       Galaxies       Galaxies       SCURLOCK PERMIAN CORP EFF 9-1-91         Name of Authodized Transporter of Oli       CM       CM       Address (Give address to whick approved copy of this form is to be sent)       P.O. Box 1183       Houston, T.X.       77001         Name of Authodized Transporter of Calinghead Gas       IV       or Dry Gas       Address (Give address to whick approved copy of this form is to be sent)       P.O. Box 1183       Houston, X.       7001       Neme of Authodized Transporter of Calinghead	New Well	Cha	nge in Transporter o	nf:	Effectiv	re 2-1 -89	
Change of operator give same databased previous operator       Doyle Hartman       P.O. Box 1861       Midland, Texas       79702         Indextage of operator give same databased operator       Doyle Hartman       P.O. Box 1861       Midland, Texas       79702         Indextage of operator give same databased operator       Doyle Hartman       P.O. Box 1861       Midland, Texas       79702         Indextage of operator give same databased operators       Well No.       Pool Name, including Formation       Kind of Lesse       Lesse Name         Lasse Name       Well No.       Pool Name, including Formation       Kind of Lesse       Lesse Name         Unit Letter       O       990       Feet From The       S       Line and       1650       Feet From The       E       Line         Section       8       Township       19–S       Range       37–E       NMPM,       Leea       County         Mans of Authorized Transporter of Oil       XM       or Condenance       P.O. Box 1183       Houston, Tx.       77001         Name of Authorized Transporter of Camerator       YM       Ras       Instant of Authorized Transporter of Camerator       P.O. Box 1183       Houston, Tx.       77001         Name of Authorized Transporter of Camerator       Viat       Sec.       Typ       Ras       Is a securit	Recompletion	Oil	Dry Gas				
and address of previous operation	Change in Operator	Casinghead Ga	Condensate				
I. DESCRIPTION OF WELL AND LEASE         Lase Name       Well Na.       Pool Name, including Formation       Kind of Lease       Kind of Lease         R.H. Huston, Jr.       3       Eunice-Monument GB-SA       Mark Kotern W Fee       Lease No.         Location       Unit Letter       0       990       Feet From The       State Action of Lease       Entities         Section       8       Township       19-S       Range       37-E       NMPM,       Lea       County         III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS       SCURLOCK PERMIAN CORP EFF 9-1-91         Name of Authorized Transporter of Oil       County       of Condensate       P.O. Box 1183       Houston, Tx, 77001         Name of Authorized Transporter of Casingbeed Gas       SC       or Dry Gas       Address (Give address to which approved copy of this form is to be sent)         P.O. Box 1183       Houston, Tx, 77001       Name of Authorized Transporter of Casingbeed Gas       SC       or Dry Gas       Address (Give address to which approved copy of this form is to be sent)         P.O. Box 1183       Houston, Tx, 77001       Name of Authorized Transporter of Casingbeed Gas       SC       or Dry Gas       Address (Give address to which approved copy of this form is to be sent)         F1       P.O. Box 1183       Houston, Tx, 77001       Scan 1384 <td< th=""><th>If change of operator give name</th><th>le Hartman</th><th>n P.C</th><th>). Вох</th><th>1861 Midland</th><th>l, Texas 79702</th><th>2</th></td<>	If change of operator give name	le Hartman	n P.C	). Вох	1861 Midland	l, Texas 79702	2
Lease Name       Well No.       Pool Name, lacluding Formation       Kind of Lease       Lease No.         R.H. Huston, Jr.       3       Eunice-Monument GB-SA       Market Scheren Arr Fee       Lease No.         Location       0       990       Feet From The       S       Line and       1650       Feet From The       E       Line         Section       8       Township       19-S       Range       37-E       , NMPM,       Lea       County         III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS       SCURLOCK PERMIAN CORP EFF 9-1-91       Name of Authorized Transporter of Oil       XX       Or Condensate       Address (Give address to which approved copy of this form is to be seet)       P.O. Box 1183       Houston, Tx, 77001         Name of Authorized Transporter of Oil (XX)       or Condensate       Address (Give address to which approved copy of this form is to be seet)       P.O. Box 1183       Houston, Tx, 77001         Name of Authorized Transporter of Cainghead Gas       XX       or Dry Gas       Address (Give address to which approved copy of this form is to be seet)         Permian GOFPOTATION       Unit       Sec.       Twp.       Res.       Is gas actually connected?       When ?         Yet or the rest of majore of the Oil Conservation       Distact       0       8       195/2       Yets       9-28-79	• •	AND LEASE					
Location       Unit Letter       0       990       Feet From The       S       Line and       1650       Feet From The       E       Line         Section       8       Township       19-S       Range       37-E       , NMPM,       Lea       Country         III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS       SCURLOCK PERMIAN CORP EFF 9-1-91         Name of Authorized Transporter of Oil       XM       or Condensate       P.O. Box 1183       Houston, Tx, 77001         Permian Gorporation       Ymap of Casinghesd Gas       XX       or Dry Gas       P.O. Box 1183       Houston, Tx, 77001         Name of Authorized Transporter of Casinghesd Gas       XX       or Dry Gas       P.O. Box 1183       Houston, Tx, 77001         Name of Authorized Transporter of Casinghesd Gas       XX       or Dry Gas       P.O. Box 1183       Houston, Tx, 77001         Name of Authorized Transporter of Casinghesd Gas       XX       or Dry Gas       P.O. Box 1184       Jal. N.M. 88252         If well produces oil or liquids,       Unit       Sec.       Twp.       Rge.       Is gas actually connected?       When ?         yes       9-28-79       VI. OPERATOR CERTIFICATE OF COMPLIANCE       Is gas actually connected?       When ?       9-28-79         VI. OPERATOR CERTIFICATE OF COMPLIANCE	Lease Name		i No.   Pool Name,				Lease No.
Location       Unit Letter       0       990       Feet From The       S       Line and       1650       Feet From The       E       Line         Section       8       Township       19–S       Range       37–E       , NMPM,       Lea       County         III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS       SCURLOCK PERMIAN CORP EFF 9-1-91         Name of Autborized Transporter of Oil       XX       or Condensate       Address (Give address to whick approved copy of this form is to be sent)         Permian       GOFPOFAtion       P.O. Box 1183       Houston, Tx.       77001         Name of Autborized Transporter of Calinghead Gas       XX       or Dry Gas       P.O. Box 1183       Houston, Tx.       77001         Name of Autborized Transporter of Calinghead Gas       XX       or Dry Gas       P.O. Box 1184       Hal. N.M.       8252         If well produces oil or liquids,       Usit       Sec.       Twp.       Rgs.       Is gas actually connected?       When ?       9–28–79         VI. OPERATOR CERTIFICATE OF COMPLIANCE       Ibereby certify that the rules and regulations of the boil Conservation       Division have beas of my incovides subblief.       OIL CONSERVATION DIVISION         Signature       Ontiginnal signated bay bailed.       MAR * 8 1989         Signature       Ortiginna	R.H. Huston, Jr.		3   Eunic	e-Mon	ument GB-SA	State Federal or Fee	
Section       8       Township       19–S       Range       37–E       , NMPM,       Lea       County         III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS       SCURLOCK PERMIAN CORP EFF 9-1-91         Name of Authorized Transporter of Oil       Image of Condensate       Address (Give address to which approved copy of this form is to be sent)         Permian       Gerporetform       P.O., Box 1183       Houston, Tx.       77001         Name of Authorized Transporter of Casinghead Gas       Image or Dry Gas       Address (Give address to which approved copy of this form is to be sent)       P.O., Box 1183       Houston, Tx.       77001         Name of Authorized Transporter of Casinghead Gas       Image or Dry Gas       Address (Give address to which approved copy of this form is to be sent)       P.O., Box 1183       Houston, Tx.       77001         Name of Authorized Transporter of Casinghead Gas       Image or Dry Gas       Address (Give address to which approved copy of this form is to be sent)       P.O., Box 1384       Jal., N.M.       88252         If well produces oil or tiquids,       Ubit       Sec.       Twp.       Rge.       Is gas actually connected?       When ?         gree location of tables       0       8       195       37E       Yes       9–28–79         VI. OPERATOR CERTIFICATE OF COMPLIANCE       Isent of my knowledge and belief.	Location						
Section       8       Township       19–S       Range       37–E       , NMPM,       Lea       County         III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS       SCURLOCK PERMIAN CORP EFF 9-1-91         Name of Authorized Transporter of Oil       Image of Condensate       Address (Give address to which approved copy of this form is to be sent)         Permian       Gerporetform       P.O., Box 1183       Houston, Tx.       77001         Name of Authorized Transporter of Casinghead Gas       Image or Dry Gas       Address (Give address to which approved copy of this form is to be sent)       P.O., Box 1183       Houston, Tx.       77001         Name of Authorized Transporter of Casinghead Gas       Image or Dry Gas       Address (Give address to which approved copy of this form is to be sent)       P.O., Box 1183       Houston, Tx.       77001         Name of Authorized Transporter of Casinghead Gas       Image or Dry Gas       Address (Give address to which approved copy of this form is to be sent)       P.O., Box 1384       Jal., N.M.       88252         If well produces oil or tiquids,       Ubit       Sec.       Twp.       Rge.       Is gas actually connected?       When ?         gree location of tables       0       8       195       37E       Yes       9–28–79         VI. OPERATOR CERTIFICATE OF COMPLIANCE       Isent of my knowledge and belief.	Unit Letter O	. 990	Feet From 1	he	S Line and 1650	Feet From The	E Line
SCURLOCK PERMIAN CORP EFF 9-1-91         Name of Authonized Transporter of Oil xm or Condemsate       Address (Give address to which approved copy of this form is to be seet)         Permian Corporation       P.O. Box 1183       Houston, Tx. 77001         Name of Authonized Transporter of Casinghead Cas       Xm or Dry Cas       P.O. Box 1183       Houston, Tx. 77001         Name of Authonized Transporter of Casinghead Cas       Xm or Dry Cas       P.O. Box 1183       Houston, Tx. 77001         Name of Authonized Transporter of Casinghead Cas       Xm or Dry Cas       P.O. Box 1183       Houston, Tx. 77001         Name of Authonized Transporter of Casinghead Cas       Xm or Dry Cas       P.O. Box 1183       Houston, Tx. 77001         Name of Authonized Transporter of Casinghead Cas       Xm or Dry Cas       P.O. Box 1183       Houston, Tx. 77001         El Paso Natural Cas Co.       P.O. Box 1384       Jal. N.M. 88252       If well produces oil or liquids, IO 8       P.O. Box 1384       Jal. N.M. 88252         If well produces oil or liquids, IO 8       IO 8       195       37E       Yes       9-28-79         VI. OPERATOR CERTIFICATE OF COMPLIANCE       Iberoby certify that the information given above is true and complete to the best of my knowledge and belief.       OIL CONSERVATION DIVISION         Signature       Connie Monahan Operations Tech IIII       Title       Dist		•					
Intervision of the constraints         Name of Authonized Transporter of Oil XX         Address (Give address to which approved copy of this form is to be sent)         Permian Gorporation       P.O. Box 1183       Houston, Tx. 77001         Name of Authonized Transporter of Casinghead Gas       XX       or Condensate         Permian Gorporation       P.O. Box 1183       Houston, Tx. 77001         Address (Give address to which approved copy of this form is to be sent)         P. O. Box 1183       Houston, Tx. 77001         Address (Give address to which approved copy of this form is to be sent)         P. O. Box 1183       Houston, Tx. 77001         Address (Give address to which approved copy of this form is to be sent)         P. O. Box 1183       Jal. N.M. 88252         If well produces oil or ligads,       Unit       Sec.       Twp.       Rge.       Is gas schully connected?       When ?         give location of tanks.       O       8       195       37E       yes       9-28-79         VI OPERATOR CERTIFICATE OF COMPLIANCE         I hereby certify that the rules and regulations of the Oil Conservation       Division have been compiled with and that the information given above is true and complete to the best of my knowledge and belief.       OIL CONSERVATION DIVISION	Section 8 Townsh	ip 19-S	Range	<u> </u>	, NMPM,	Lea	County
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Permian Gorporation       P.O. Box 1183       Houston, Tx. 77001         Name of Authorized Transporter of Casinghead Gas       XX       or Dry Gas       Address (Give address to which approved copy of this form is to be sent)         E1       Paso Natural Gas Co.       P.O. Box 1384       Jal. N.M. 88252         If well produces oil or liquids, if yelds       Unit       Sec.       Twp.       Rgs.       Is gas actually consected?       When ?         yes       9-28-79       9-28-79       9-28-79       9-28-79         VI. OPERATOR CERTIFICATE OF COMPLIANCE       Is gas actually consected?       When ?       9-28-79         VI. OPERATOR CERTIFICATE OF COMPLIANCE       OIL CONSERVATION DIVISION       Division have bees complete with and that the information gives above is true and complete to the best of my knowledge and belief.       OIL CONSERVATION DIVISION         Signature       Ornie Monahan Operations Tech III       Prised Name       Title         2-24-89       915/686-5681       Title       Title					AL GAS		
Name of Authorized Transporter of Casinghead Gas       Image: Construct of Casinghead Gas       Image: Casinghead Gas	Name of Authorized Transporter of Oil	XX or C	Condensate	1  '	Address (Give address to which	approved copy of this form	is to be sent)
El Paso Natural Gas Co.       P.O. Box 1384       Jal. N.M.       88252         If well produces oil or liquids, jive location of tanks.       Unit       Sec.       Twp.       Rgs.       Is gas actually connected? yes       When ?       9-28-79         VI. OPERATOR CERTIFICATE OF COMIPLIANCE 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 beat of my knowledge and belief.       OIL CONSERVATION DIVISION DATE         Signature       MAR *       8 1989         Connie Monahan       Operations Tech III         Primed Name       Title         2-24-89       915/686-5681							
If well produces oil or liquids, give location of tanks.       Unit       Sec.       Twp.       Rge.       Is gas actually connected?       When ?       9-28-79         VI. OPERATOR CERTIFICATE OF COMPLIANCE       I hereby certify that the rules and regulations of the Oil Conservation       OIL CONSERVATION DIVISION         Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.       OIL CONSERVATION DIVISION         MAR       8 1989         Outcome       MAR       8 1989         Outcome       ORIGINAL SIGNED BY JERRY SEXTON         Signature       Operations Tech III       District I supervisor         Yes       915/686-5681       Title	Name of Authorized Transporter of Casis	aghead Gas 🛛 🕅	or Dry Gas		Address (Give address to which	approved copy of this form	is to be sent)
give location of tanks.       0       8       19S       37E       yes       9-28-79         VI. OPERATOR CERTIFICATE OF COMPLIANCE       I hereby certify that the rules and regulations of the Oil Conservation       OIL CONSERVATION DIVISION         Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.       OIL CONSERVATION DIVISION         MAR       8       1989         Outcome       MAR       8       1989         Outcome       ORIGINAL SIGNED BY JERRY SEXTON       DISTRICT I SUPERVISOR         Signature       Title       Title       Title         2-24-89       915/686-5681       Title       Title						Jal. N.M. 88	252
VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Division have been complete to the best of my knowledge and belief.					• •		70
I hereby certify that the rules and regulations of the Oil Conservation         Division have been complete with and that the information given above         is true and complete to the best of my knowledge and belief.         OIL CONSERVATION DIVISION         Date Approved         MAR         MAR         MAR         MAR         By         District I supervisor         District I supervisor         Title         2-24-89       915/686-5681					yes	9-20-1	/9
Division have been complete with and that the information given above is true and complete to the best of my knowledge and belief. Date Approved MAR 8 1989 ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR Title 2-24-89 915/686-5681 Date Approved MAR 8 1989 ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR Title					OIL CONSERVATION DIVISION		
is true and complete to the best of my knowledge and belief.  Date Approved MAR 8 1989  ORIGINAL SIGNED BY JERRY SEXTON By DISTRICT I SUPERVISOR  Title  Z-24-89 915/686-5681  Date Approved Title  Da							
Signature     ORIGINAL SIGNED BY JERRY SEXTON       Signature     ORIGINAL SIGNED BY JERRY SEXTON       Connie Monahan     Operations Tech III       Primed Name     Title       2-24-89     915/686-5681						MADE	0 1000
Signature     Operations Tech III       Connie Monahan     Operations Tech III       Primed Name     Title       2-24-89     915/686-5681					Date Approved		0 1303
Signature     Operations Tech III       Connie Monahan     Operations Tech III       Primed Name     Title       2-24-89     915/686-5681	Aun Wandana				0		
Connie Monahan Operations Tech III Prizzed Name Title	Signature				By DISTRICT L CURTER SEXTON		
Printed Name         Title           2-24-89         915/686-5681		perations	Tech III		-,		NVISOR
	Printed Name		Title		Title		
Date Telephone No.		915			I 1119		
	Date		Telephone No.				

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

2) All sections of this form must be filled out for allowable on new and recompleted wells.

3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

4) Separate Form C-104 must be filed for each pool in multiply completed wells.

# 

### RECEIVED

MAR 1 1989 OCD HOBBS OFFICE