

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

OIL CONSERVATION DIVISION

P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator  
**Saba Energy Incorporated**  
Address  
**508 Parkwood Dr., Midland, Texas 79703**  
Reason(s) for filing (Check proper box)  
☐ New Well  
☐ Recompletion  
☒ Change in Ownership  
Change in Transporter of:  
☐ Oil  
☐ Casinghead Gas  
☐ Dry Gas  
☐ Condensate  
Other (Please explain)  
**Effective 6/1/85**

If change of ownership give name and address of previous owner **Amoco Production Company, P. O. Box 68, Hobbs, New Mexico 88241**

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>State "U"</b>	Well No. <b>1</b>	Pool Name, including Formation <b>House Drinkard</b>	Kind of Lease State, Federal or Fee <b>State</b>	Lease No. <b>B-9652</b>
Location Unit Letter <b>P</b> : <b>660</b> Feet From The <b>South</b> Line and <b>660</b> Feet From The <b>East</b> Line of Section <b>2</b> Township <b>20S</b> Range <b>38E</b> , NMPM, <b>Lea</b> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>The Permian Corp. (Trucks)</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 1183, Houston, Texas 77251</b>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>El Paso Natural Gas Co.</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 1492, El Paso, Texas 79978</b>	
If well produces oil or liquids, give location of tanks.	Unit <b>F</b>	Sec. <b>12</b>
	Twp. <b>20S</b>	Rge. <b>38E</b>
	Is gas actually connected? <b>Yes</b> When <b>Unknown</b>	

If this production is commingled with that from any other lease or pool, give commingling order number: **PLC-13**

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.

**Donald C. Cuf**  
(Signature)  
**Agent**  
(Title)  
**7/26/85**  
(Date)

OIL CONSERVATION DIVISION

APPROVED **SEP - 9 1985**, 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 C-104 must be filed for each pool in multiply completed wells.