STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

DISTRIBUTION			1
SANTA FE			
FILE			
U.B.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PROBATION OFFICE			

11/9/88

(Date)

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

GAS	REQUEST FOR ALLOWABLE AND			
PROBATION OFFICE				
I.	- AUTHORIZATION TO TRANS	PORT OIL AND NATURAL GAS		
Operator				
Smith & Ma	rrs. Inc.			
Address				
P.O. Box 8	63, Kermit, TX 79745			
Reason(s) for filing (Check pro	oper box)	Other (Please explain)		
New Well	Change in Transporter of:	Change in ownership effective		
Recompletion	□ 0 ¹¹ □ 0	ry Gas 8/1/88		
X Change in Ownership	Casinghead Gas C	ondens ate		
If change of ownership give		x 10217, Lubbock, TX 79408		
and address of previous own	ier	TODE TO BUDGEN THE TOTAL OF		
II. DESCRIPTION OF WE	ILL AND LEASE			
Lease Name Cone Jalma	" Deal Name Landwidter	1 -		
Yates Pool Unit Tr		sil Yates SR State, Federal or Fee State B-1122		
Location				
Unit Letter J :	1980 Feet From The South Lin	ne and 1980 Feet From The <u>Fast</u>		
Line of Section 13	Township 22S Range	35E , NMPM, Lea Count		
Line of Section 13	10411111 225	SSE TANK TIPA		
III. DESIGNATION OF T	RANSPORTER OF OIL AND NATURA	LGAS Plugged - loc. Not Read to Rolease		
Name of Authorized Transport	er of Oil or Condensate	Address (Give address to which approved copy of this form is to be sent)		
Abandoned				
Name of Authorized Transport	er of Casinghead Gas or Dry Gas	Address (Give address to which approved copy of this form is to be sent)		
If well produces oil or liquids.	Unit Sec. Twp. Rge.	Is gas actually connected? When		
give location of tanks.	1 1 1			
If this production is commin	gled with that from any other lease or pool,	give commingling order number:		
•				
NOTE: Complete Parts 1	V and V on reverse side if necessary.	11		
VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION DIVISION		
		#		
I hereby certify that the rules and	I regulations of the Oil Conservation Division have	APPROVED 19 19		
been complied with and that the information given is true and complete to the best of my knowledge and belief.		DY ORIGINAL SIGNED BY JERRY SEXTON		
	`	DISTRICT I SUPERVISOR		
		TITLE		
	1.10//	This form is to be filed in compliance with RULE 1104.		
- Pernelle/ 1	(RAPPERMENTA)	If this is a request for allowable for a newly drilled or deepe		
	(Signature)	well, this form must be accompanied by a tabulation of the deviat tests taken on the well in accordance with AULE 111.		
/ Agent		All sections of this form must be filled out completely for all		
	(Title)	I able an and engentleted wells		

All sections of this form must be able 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.