

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-01-78
Format 06-01-83
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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PROMOTION OFFICE		

I. Operator
Terra Resources, Inc.

Address
10 Desta Dr., Suite 500 West, Midland, Texas 79705

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)

If change of ownership give name and address of previous owner
Apache Corp., 7666 E. 61st, 500 Triad Center, Tulsa, OK 74133

II. DESCRIPTION OF WELL AND LEASE

Lease Name S.J. Sarkeys	Well No. 2	Pool Name, including Formation Wantz No. Blinberry Drinkard	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter <u>H</u> <u>990</u> Feet From The <u>East</u> Line and <u>1650</u> Feet From The <u>North</u> Line of Section <u>26</u> Township <u>21S</u> Range <u>37E</u> , NMPM, <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Koch Services, Inc. <u>Shell Pipeline</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1558, Brockinridge, TX 76024</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Warren Petroleum Co.	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1589, Tulsa, OK 74102</u>
If well produces oil or liquids, give location of tanks. Unit <u>H</u> Sec. <u>26</u> Twp. <u>21S</u> Rge. <u>37E</u>	Is gas actually connected? <u>Yes</u> When <u>4-7-66</u>

If this production is commingled with that from any other lease or pool, give commingling order number: DHC R-5961

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.

Penny E. Cozart
(Signature)
Penny E. Cozart, District Accountant

6-28-88
(Date)

OIL CONSERVATION DIVISION

APPROVED _____ 19 _____

ORIGINAL SIGNED BY JERRY SEXTON
BY _____ DISTRICT 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.