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FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRODUCTION OFFICE			

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Address

Reason(s) for filing (Check proper box)

New Well

Recompletion

☒ Change in Ownership

Change in Transporter of:

C11

☐ Casinghead Gas☐ Dry Gas☐ Condensate

Other (Please explain) _____

Name Change Effective 7-1-85

. If change of ownership give name and address of previous owner _____

Gulf Oil Corp., P. O. Box 670, Hobbs, NM 88240

Lease Name <u>Drakham State (WCT-E)</u>	Well No. <u>2</u>	Pool Name, including Formation <u>Eumont Gas</u>	Kind of Lease <u>State, Federal or Fee NM 2056</u>	Lease No. <u>2056</u>
Location				
Unit Letter <u>R</u> : <u>1980</u>	Feet From The <u>South</u> Line and <u>1980</u>	Feet From The <u>East</u>		
Line of Section <u>6</u>	Township <u>21S</u>	Range <u>36E</u>	NMPM, <u>Lea</u>	County

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)				
None						
Name of Authorized Transporter of Castleghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)				
Northern Natural Gas Co.		Box 308 Omaha, Nebraska 68101				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected? Yes	When Unknown

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

VI. CERTIFICATE OF COMPLIANCE

R. D. Pitre
(Signature)

Area Engineer

(Title)

5-31-85

(Date)

APPROVED

AUG 23 1985

BY

TITLÉ

DISTRICT 1 SUPERVISOR

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 III.

All sections of this form must be filled out completely for allowance 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.