

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 C. W. Trainer

Address c/o Oil Reports & Gas Services, Inc. Box 755 Hobbs, NM 88241

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain)
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	Change lease name from State to Lynch.
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	Effective 2/1/90
	<input type="checkbox"/> Dry Gas	
	<input type="checkbox"/> Condensate	

If change of ownership give name and address of previous owner Trobaugh Properties, 4305 N. Garfield, Suite 233, Midland, TX 79705

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Lynch</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Lynch-Yates-Seven Rivers</u>	Kind of Lease State, Federal or Fee	Lease No. <u>V-937</u>
Location				
Unit Letter <u>B</u> ; <u>1310</u> Feet From The <u>North</u> Line and <u>1510</u> Feet From The <u>East</u>				
Line of Section <u>2</u> Township <u>21S</u> Range <u>33E</u> , NMPM, <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

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)
<u>Permian</u>	<u>P.O. Box 1183, Houston, Tx 77251-1183</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>None - Gas TSTM</u>	
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
<u>13</u> <u>2</u> <u>21S</u> <u>33E</u>	<u>No</u>

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

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.

Wenne Nolle
(Signature)
Agent
(Title)
2/1/90
(Date)

OIL CONSERVATION DIVISION

APPROVED FEB 11 1990, 19
BY Eddie W. Seay
TITLE Oil & Gas Inspector

This form is to be filled 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 filled for each pool in multiply completed wells.