

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
OPERATOR	GAS
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator TEMPO ENERGY, INC./PETERSON PETROLEUM COMPANY	
Address P.O. BOX 5509 HOBBS, N.M. 88241-5509	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name M. Deck Estate	Well No. 1	Pool Name, including Formation N. SAN SIMON (YATES) Assoc	Kind of Lease State, Federal or Fee STATE	Lease No. E-1673
Location Unit Letter <u>E</u> : <u>1650</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>West</u> Line of Section <u>33</u> Township <u>21-S</u> Range <u>35-E</u> , NMPM, <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

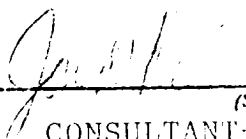
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> SUN REFINING & MARKETING COMPANY	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 2039 TULSA, OK. 74102					
Name of Authorized Transporter of Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> PHILLIPS 66 NATURAL GAS COMPANY	Address (Give address to which approved copy of this form is to be sent) BARTLESVILLE, OK 74004					
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 33	Twp. 21-S	Rge. 35-E	Is gas actually connected? yes	When 5-24-86

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.


(Signature)
CONSULTANT-AGENT
(Title)
3-16-88
(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19____
BY _____ ORIGINAL SIGNED BY JERRY SEXTON
TITLE _____ DISTRICT I 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 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.

MAR 18 1988
OCD
HOBBS OFFICE