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TEMPO ENERGY, INC./PETERSON PETROLEUM COMPANY Address P.O. BOX 5509 HOHBS, N.M. 88241-5509 Research's loc filing (Check properbay) Image in Transporter of: Precompletion Charge in Ownership Condensate H change of ownership give name and address of previous owner In DESCRIPTION OF WFIL AND LEASE Leese Write Leese Write M. Deck Estate 1 N. SAN SIMON (YATES)Assidetion Fee STATE Leetion Unit Letter E : 1650 Feet From The North Line and 660 Feet From The West Unit Letter : 1650 Sun REFINING & MARKETING COMPANY P.O. BOX 2039 TULSA, OK. 74102 Name of Authorized Transport Core Originate Company Charlen of Charlen and the poproved core of this form is to be sent/ Name of Authorized Transport Core Originate Company Charlen of Charlen and the section of the sent is to be sent/ Name of Authorized Transporter of Cit XS <t< td=""><td>LAND OFFICE TRANSPORTER OIL OIL OPERATOR REQ</td><td>AND</td></t<>	LAND OFFICE TRANSPORTER OIL OIL OPERATOR REQ	AND
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Location Unit Letter_E_: 1650 Feet From The North Line and 660 Feet From The West Line of Section 33 Township 21-S Range 35-E NMPM, Lea County III. DESIGNATION OF TPANSPORTER OF OIL AND NATURAL GAS Name of Authorized Traitsporter of CLIAX or Condensate Address (Give address to which approved copy of this form is to be sent) SUN REFINING & MARKETING COMPANY P.O. BOX 2039 TULSA, OK. 74102 Name of Authorized Traitsporter of Crints Comporter and or Dry Gas Address (Give address to which approved copy of this form is to be sent) PHILLIPS 66 NATURAL GAS COMPANY EFFECTIVE: ESAMPT Level 102 PHILLIPS 66 NATURAL GAS COMPANY Is gas actually connected? It well produces oil or liquids. Unit Sec. Twp. 'Rge. It well produces oil or liquids. E ' 33 ' 21-S' 35-E Yes 5-24-86 If this production is commingled with that frem any other lesse or pool, give commingling order number: NOTE: Complete Parts IV and V on reverse side if necessary.	II. DESCRIPTION OF WELL AND LEASE	
III. DESIGNATION OF TPANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of OIL X or Condensate Address (Give address to which approved copy of this form is to be sent) SUN REFINING & MARKETING COMPANY P.O. BOX 2039 TULSA, OK. 74102 Name of Authorized Transporter of OIL X or Condensate Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of OIL X or Condensate P.O. BOX 2039 TULSA, OK. 74102 Name of Authorized Transporter of OIL X or OIL COMPANY Phillippiduces of authorized Transporter of OIL X or Condensate PHILLIPS 66 NATURAL GAS COMPANY BARTIES (Give address to which approved copy of this form is to be sent) PHILLIPS 66 NATURAL GAS COMPANY BARTIES (FFECTIVE: If well produces off or liquids. Unit Sec. If well produces off or liquids. Unit Sec. If this production is commingled with that from any other lease or pool, give commingling order number: 5-24-86 NOTE: Complete Parts IV and V on reverse side if necessary. OIL CONFEDICATION DIV//FION	Location Unit Letter <u>E</u> ; 1650 Feet From The <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.	III. DESIGNATION OF TRANSPORTER OF OIL AND I Name of Authorized Transporter of Cill XX or Condensate SUN REFINING & MARKETING COMPANY Name of Authorized Transport Cerso Componetion or Dry of PHILLIPS 66 NATURAL GAS COMPANY It well produces oil or liquids, Unit Sec. Twp.	ATURAL GAS Address (Give address to which approved copy of this form is to be sent) P.O. BOX 2039 TULSA, OK. 74102 Address (Give address to which approved copy of this form is to be sent) CTIVE: TEBARTYLESV112LE, OK 74004 'Rge. Is gas actually connected?
	If this production is commingled with that from any other lea NOTE: Complete Parts IV and V on reverse side if nece	e or pool, give commingling order number:

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)

APPROVED _______, 19 ______

BYOR	GINIAL SIGNED BY JEARY SEXTON
T 1 T 1 E	DISTRICT I SUPARVISOR

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepenved 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.

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