

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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S.O.S.	
AND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
REGISTRATION 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

Operator Zia Energy, Inc.	
Address P. O. Box 2219, Hobbs, NM 88240	
Reason(s) for filing (Check proper box)	
<input type="checkbox"/> New Well	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate
<input type="checkbox"/> Recompletion	
<input type="checkbox"/> Change in Ownership	
Other (Please explain)	

Change of ownership give name
Address of previous owner

DESCRIPTION OF WELL AND LEASE

Well Name Federal	Well No. 2	Pool Name, including Formation Eunice San Andres Southwest	Kind of Lease State, Federal or Fee Federal	Lease No. NM-1410
Location				
Unit Letter <u>G</u> ; <u>1650</u> Feet From The <u>North</u> Line and <u>1650</u> Feet From The <u>East</u>				
Line of Section <u>17</u> Township <u>22 S</u> Range <u>37 E</u> , NMPM, <u>Lea</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> <u>Navajo Crude oil Leach</u>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Zia Energy, Inc.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 2219, Hobbs, NM 88240</u>
Well produces oil or liquids, or location of tanks.	Unit Sec. Twp. Rge. <u>K</u> <u>17</u> <u>22S</u> <u>37E</u>
Is gas actually connected?	When <u>Yes</u> <u>12/20/88</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.

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.

D. E. Nelson
(Signature)

Engineer
(Title)
1/25/89
(Date)

OIL CONSERVATION DIVISION

APPROVED JAN 26 1989, 19_____
BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I 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.