

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

OIL CONSERVATION DIVISION

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

Form C-104
Revised 1-1-87
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

| | | |
|---|---|-------------------------|
| Operator <u>ESTACADO, INC.</u> | | |
| Address <u>P.O. BOX 5587, HOBBS, N.M. 88241</u> | | |
| Reason(s) for filing (Check proper box) | | Other (Please explain) |
| <input type="checkbox"/> New Well | Change in Transporter of: | <u>EFFECTIVE 1-1-87</u> |
| <input type="checkbox"/> Recompletion | <input type="checkbox"/> Oil | |
| <input checked="" type="checkbox"/> Change in Ownership | <input type="checkbox"/> Casinghead Gas | |
| | <input type="checkbox"/> Dry Gas | |
| | <input type="checkbox"/> Condensate | |

If change of ownership give name and address of previous owner CONOCO, INC., P.O. BOX 460, HOBBS, N.M. 88240

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|----------------------|--|---|-------------------------------|
| Lease Name <u>MARSHALL</u> | Well No. <u>6</u> | Pool Name, Including Formation <u>CRUZ DELAWARE</u> | Kind of Lease State, <u>Federal</u> or Fee | Lease No. <u>45-063848</u> |
| Location | | | | |
| Unit Letter <u>B</u> : <u>990</u> Feet From The <u>NORTH</u> Line and <u>1980</u> Feet From The <u>EAST</u> | | | | |
| Line of Section <u>19</u> Township <u>23-5</u> Range <u>33-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"/> | Address (Give address to which approved copy of this form is to be sent) | |
| <u>CONOCO INC. SURFACE TRANSPORTATION</u> | <u>P.O. BOX 2587 HOBBS, N.M. 88240</u> | |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) | |
| <u>66 Nat. Gas</u> <u>PHILLIPS RETROCEM COMPANY</u> | <u>PHILLIPS BLDG., ODESSA, TEXAS</u> | |
| If well produces oil or liquids, give location of tanks. | Unit | Sec. |
| | <u>P</u> | <u>24</u> |
| | Twp. | Rge. |
| | <u>23</u> | <u>32</u> |
| Is gas actually connected? | When | |
| <u>YES</u> | <u>8-1-64</u> | |

If this production is commingled with that from any other lease or pool, give commingling order number: CTB-75

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.

Al Klear

(Signature)
Vice President

(Title)
12-31-86

(Date)

OIL CONSERVATION DIVISION

APPROVED JAN 6 1987, 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.

RECEIVED

JAN 2 1987

**OCC
HOARS OFFICE**