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U.S.O.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PROBATION OFFICE			

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator
ESTACADO, INC.

Address
P.O. BOX 5587, HOBBS, N.M. 88241

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>8</u>	Pool Name, including Formation <u>CRUZ DELAWARE</u>	Kind of Lease State, <u>Federal</u> or Fee	Lease No. <u>LC-068848</u>
Location				
Unit Letter <u>L</u> ; <u>2600</u> Feet From The <u>SOUTH</u> Line and <u>1230'</u> Feet From The <u>WEST</u>				
Line of Section <u>19</u> Township <u>23-S</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"/> <u>CONOCO, INC. SURFACE TRANSPORTATION</u>	Address (Give address to which approved copy of this form is to be sent) <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"/> <u>PHILLIPS PETROLEUM COMPANY</u>	Address (Give address to which approved copy of this form is to be sent) <u>PHILLIPS BLDG., ODESSA, TEXAS</u>			
If well produces oil or liquids, give location of tanks.	Unit <u>P</u>	Sec. <u>24</u>	Twp. <u>23</u>	Rge. <u>32</u>
	Is gas actually connected? <u>YES</u>		When <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.

[Signature]
Vice President
12-31-86
(Date)

OIL CONSERVATION DIVISION

APPROVED JAN 6 1987, 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 (or 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 multiply completed wells.

RECEIVED

JAN 2 1987

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HOURS OFFICE**