

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL
PERATOR	GAS
ORATION OFFICE	

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 08-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator BILL C. LEWALLEN & LINDA K. LEWALLEN

Address P.O. BOX 412 JAL, NEW MEXICO 88252

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of: <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate	Other (Please explain)
<input type="checkbox"/> Recompletion		
<input type="checkbox"/> Change in Ownership		

Change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Well Name <u>FEDERAL "20"</u>	Well No. <u>1</u>	Pool Name, including Formation <u>JALMATA (OIL)</u>	Kind of Lease State, Federal or Fee <u>FEDERAL</u>	Lease No. <u>NM011827</u>
Location Unit Letter <u>N</u> : <u>990</u> Feet From The <u>SOUTH</u> Line and <u>2310</u> Feet From The <u>WEST</u> Line of Section <u>20</u> Township <u>23-S</u> Range <u>36-E</u> , NMPM, <u>LEA</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>KOCH OIL COMPANY</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. BOX 3609 MIDLAND, TEXAS 79702</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>PHILLIP 66 NATURAL GAS</u>	Address (Give address to which approved copy of this form is to be sent) <u>BARTLESVILLE, OKLAHOMA 74004</u>
Well produces oil or liquids, or location of tanks. Unit <u>N</u> Sec. <u>20</u> Twp. <u>23S</u> Rge. <u>36E</u>	Is gas actually connected? <u>NO</u> When _____

If his production is commingled with that from any other lease or pool, give commingling order number: N/A

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.

Bill C. Lewallen
(Signature)
Linda K. Lewallen
(Title)
3-2-88
(Date)

OIL CONSERVATION DIVISION

APPROVED 308, 19 88
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.