

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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| | GAS |
| OPERATOR | |
| PRODUCTION 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

I. Operator
Baber Well Servicing Co.

Address
P. O. Box 1772, Hobbs, NM 88240

Reason(s) for filing (Check proper box)

| | | |
|--|---|-------------------------------------|
| <input type="checkbox"/> New Well | Change in Transporter of: | <input type="checkbox"/> Dry Gas |
| <input type="checkbox"/> Recompletion | <input checked="" type="checkbox"/> Oil | <input type="checkbox"/> Condensate |
| <input type="checkbox"/> Change in Ownership | <input type="checkbox"/> Casinghead Gas | |

Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--------------------------------------|---------------|---|--|--------------------|
| Lessee Name New Mexico "DL" State | Well No. 2 | Pool Name, including Formation Cruz-Delaware | Kind of Lease <input checked="" type="radio"/> State <input type="radio"/> Federal or Fee | Lease No. V-732 |
|--------------------------------------|---------------|---|--|--------------------|

Location

Unit Letter 0 : 660 Feet From The South Line and 1980 Feet From The East

Line of Section 18 Township 23-S Range 33-E , NMPM, Lea 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>Nadajo Ref. Co.</u> | Address (Give address to which approved copy of this form is to be sent) <u>DEANER 159 ARTERIO N.M. 88210</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>4001 Penbrook, Odessa, Texas 79762</u> |

| | | | | | | |
|--|------|------|------|------|----------------------------|--------|
| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp. | Rge. | Is gas actually connected? | When |
| | 0 | 18 | 23S | 33E | yes | 6-1-84 |

If this production is commingled with that from any other lease or pool, give commingling order number: CTB 308

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.

Mark D. Clark
(Signature)
Engineer
(Title)
2-8-89
(Date)

OIL CONSERVATION DIVISION
FEB 09 1989
APPROVED
BY
ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT 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 deviated 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 multiple completed wells.

8801 00 957
ORIGINAL SIGNED BY JEFF L. BROWN
DISTRICT ATTORNEY

RECEIVED
FEB 6 1989
10-103