

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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U.S.G.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 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"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate	
<input checked="" type="checkbox"/> Change in Ownership			

Other (Please explain)

If change of ownership give name and address of previous owner  
Baber Well Servicing Co.  
Jim Kirkendoll, Box 1772, Hobbs, NM 88240

II. DESCRIPTION OF WELL AND LEASE

Lease Name New Mexico "DL" State	Well No. 2	Pool Name, including Formation Cruz-Delaware	Kind of Lease (State, 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"/>	Address (Give address to which approved copy of this form is to be sent)
Permian	P. O. Box 1183, Houston, Texas 77001
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)
Phillips 66 Natural Gas	4001 Penbrook, Odessa, Texas 79762
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit 0 Sec. 18 Twp. 23S Rge. 33E	yes 6-1-84

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.

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)

\_\_\_\_\_  
(Title)

May 17, 1988  
(Date)

OIL CONSERVATION DIVISION

APPROVED \_\_\_\_\_ 19  
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 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 multiple completed wells.