

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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

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SANTA FE		
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U.S.G.A.		
LAND OFFICE		
TRANSPORTER	OIL	
OPERATOR	GAS	
PROMOTION OFFICE		

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	<input checked="" type="checkbox"/> Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input 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**

Lease Name New Mexico "EF" State	Well No. 1	Pool Name, including Formation Cruz-Delaware	Kind of Lease State, Federal or Fee State	Lease No. V-731
Location Unit Letter <u>L</u> : <u>2310</u> Feet From The <u>South</u> Line and <u>330</u> Feet From The <u>West</u> Line of Section <u>17</u> Township <u>23-S</u> Range <u>33-E</u> , NMPM, Lea Count				

**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>Navajo Refining Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Drawer 159 Artesia 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 66 Natl gas</u>	Address (Give address to which approved copy of this form is to be sent) <u>4001 Penbrook, Odessa, TX. 79762</u>
If well produces oil or liquids, give location of tanks. Unit <u>L</u> Sec. <u>17</u> Twp. <u>23S</u> Rge. <u>33E</u>	Is gas actually connected? <u>yes</u> When <u>9-1-84</u>

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 R. Clarke

(Signature)

ENGINEER

(Title)

2-8-89

(Date)

OIL CONSERVATION DIVISION

**FEB 09 1989**

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 deeper well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multi-completed wells.

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FEB 8 1989

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HOBBS OFFICE