## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

| ##. ## C#PIES DEC |     | Ī |  |
|-------------------|-----|---|--|
| DISTRIBUTION      |     |   |  |
| BANTA FE          |     |   |  |
| FILE              |     |   |  |
| U.L.O.A.          |     |   |  |
| LAND OFFICE       |     |   |  |
| TRANSPORTER       | OIL |   |  |
|                   | GAS |   |  |
| DPERATOR          |     |   |  |
| PROBATION OFFICE  |     |   |  |

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

Form C-104 Revised 10-01-78 Format 06-01-83

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

## REQUEST FOR ALLOWABLE AND

| AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  |   |   |   |
|---|---|---|---|
| I   |   |   |   |
| Operator  |   |   |   |
| Tahoe Oil & Cattle Co.  |   |   |   |
| Address   | ·   |   |   |
| 1 4402 11 111111111111111111111111111111  | 703   |   |   |
| Reason(s) for filing (Check proper box)   | Other (Please explain)  |   |   |
| New Well Change in Transporter of:  | •   |   |   |
| Recompletion Oil Dry  | y Gas   |   |   |
| X Change in Ownership Castrighead Gas Cor   | ndensate ,  |   |   |
| If change of ownership give name Conoco Inc. Box 1959, Midland, Texas 79702 and address of previous owner                                       |   |   |   |
| II. DESCRIPTION OF WELL AND LEASE   |   |   |   |
| II. DESCRIPTION OF WELL AND LEASE  Well No. Pool Name, Including Fo   | ormation Kind of Lease Lease No.  |   |   |
| Wimberly 1 Double X   | Field State, Federal or Fee Federal NMO 2889  |   |   |
| Location  |   |   |   |
| Unit Letter G: 1980 Feet From The North Line and 1980 Feet From The East  |   |   |   |
| Line of Section 11 Township 24-South Range 3  | 2 East , NMPM, Lea County   |   |   |
| •   |   |   |   |
| III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Or Condensate  Address (Give address to which approved copy of this form is to be sent) |   |   |   |
| Name of Authorized Transporter of Oil or Condensate   |   |   |   |
| Conoco Inc.   | Box 1959, Midland, TX 79702  Address (Give address to which approved copy of this form is to be sent) |   |   |
| Name of Authorized Transporter of Casinghead Cas   or Dry Gas   |   |   |   |
| Phillips Petroleum Corporation  | P.O.Box 5050, Bartlesville, OK 74004  |   |   |
| If well produces oil or liquids, Unit Sec. Twp. Rgs.  | Is gas actually connected? When   |   |   |
| give location of lanks.  H 12 245 32E   | Yes N/A   |   |   |
| 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   | OIL CONSERVATION DIVISION   |   |   |
| I hereby certify that the rules and regulations of the Oil Conservation Division have   | APPROVEDAUG 1 3 1986 19   |   |   |
| been complied with and that the information given is true and complete to the best of   |   |   |   |
| my knowledge and belief.  | BY ORIGINAL SIGNED BY JEPRY SEXTON  |   |   |
|   | TITLEDISTRICT I SUPERVISOR  |   |   |
| This form is to be filed in compliance with RULE 1104.  |   |   |   |
|   |   | J. a. Streeman K.A. Freeman (Signature) | If this is a request for allowable for a newly drilled or despended well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111. |
| Owner   | All sections of this form must be filled out completely for allow-                                    |   |   |
| (Title)   | able on new and recompleted wells.  |   |   |
| August 8, 1986  | Fill out only Sections I. H. III, and VI for changes of owner,  |   |   |
| (Date) well name or number, or transporter, or other such change of con-  |   |   |   |