

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL	
	GAS	
OPERATOR		
PROMOTION OFFICE		

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

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator LEOH Management Co.

Address P.O. Box 1193, 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 type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

Other (Please explain)

If change of ownership give name and address of previous owner Bill J. Graham Oil & Gas, P.O. Box 7037, Midland, TX. 79708

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Gulf Hanagan Federal</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Double X Delaware</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>NM-01917</u>
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Location

Unit Letter P : 660 Feet From The South Line and 660 Feet From The East

Line of Section 11 Township 24S Range 32E , 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)
<u>Scurlock Oil Co.</u>	<u>P.O. Box 4648 Houston, Texas 77210</u>
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)
<u>Phillips Petroleum Co. 66 Natl Gas</u>	<u>Bartlesville, OK 74003</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>P</u> Sec. <u>11</u> Twp. <u>24S</u> Rge. <u>32E</u>	<u>YES</u>

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.

Thom J. Jeff
(Signature)
Partner
(Title)
1-15-88
(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19 _____
BY _____
ORIGINAL SIGNED BY JERRY SEXTON
TITLE _____ DISTRICT I SUPERVISOR

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.

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JAN 27 1988

ACBBS OFFICE