

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 06-01-83
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SANTA FE	
FILE	
U.S.D.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROMOTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Saba Energy Incorporated

Address
508 Parkwood Drive, Midland, Texas 79703

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)
Effective June 1, 1985

If change of ownership give name and address of previous owner Amoco Production Company, P. O. Box 68, Hobbs, NM 88240

II. DESCRIPTION OF WELL AND LEASE

LC-030180-B

Lease Name Farnsworth "B" Fed.	Well No. 3	Pool Name, including Formation Scarborough Yates Seven Rivers	Kind of Lease State, Federal or Fee Federal	Lease No. Above
Location Unit Letter <u>K</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>1650</u> Feet From The <u>West</u>				
Line of Section <u>7</u> Township <u>26S</u> Range <u>37E</u> , NMPM, <u>Lea</u> 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"/> Shell Pipe Line Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1910, Midland, Texas 79701
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1492, El Paso, Texas 79978
If well produces oil or liquids, give location of tanks. Unit <u>M</u> Sec. <u>7</u> Twp. <u>26E</u> Rge. <u>37S</u>	Is gas actually connected? <u>Yes</u> When <u>9/25/65</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.

David C. Cox
(Signature)
Agent
(Title)
7/26/85
(Date)

OIL CONSERVATION DIVISION

APPROVED SEP - 9 1985, 19____
BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I 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 multiply completed wells.

RECEIVED

JUL 26 1985

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