STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

00. 00 100110 0118050 DISTRIBUTION SANTA FR	с	IL CONSER		DIVISIC	N	Revised 10-0 Format 06-01 Page 1	
File		SANTA FE.		CO 87501			
LAND OFFICE		SANTA 16,		2007501			
TRANSPORTER OIL OIL OPERATOR		REQUEST	FOR ALLOW	ABLE			
PROBATION OFFICE		ZATION TO TR			PAL CAS		•
Ι.			ANSPORT ON	- AND NATU			
Operator							
Saba Energy Incorpo	rated						
Addrees							
508 Parkwood Dr. Mi	dland, Texas	79703					
Reason(s) for filing (Check pro	Reason(s) for filing (Check proper box)			Other (Please explain)			
New Well	Change i	n Transporter of:		1			
Recompletion		Г	Dry Gas	Fffor	tive 6/1/85		
		nghead Gas	Condensate	LITEC	11/6 0/1/00	· •	
X Change in Ownership				L		¥	
If change of ownership give and address of previous own	er Amoco Prod	uction Compa	any, P. O.	Box 68,	Hobbs, New Mex	cico 8824	1
II. DESCRIPTION OF WEI	LL AND LEASE					LC.	-030180(a)
Lesse Name		Pool Name, Includ			Kind of Lease		Lease No.
Farnsworth "A" Fede	eral 6	Scarborough	Yates Sev	en Rivers	State, Federal or Fee	Federal	Above
Location							,
Unit Letter L;	Feet Fre	m The South	_Line and	990	Feet From The	West	
Line of Section 18	Township 20	S Range	37E	, NMPM	. Lea		County
III. DESIGNATION OF T	RANSPORTER OF	OIL AND NATU	RAL GAS				
Name of Authorized Transporter of Oll Of or Condensate Address (Give address to which approved copy of this form is to be sent)							
Shell Pipeline Corp	•		P. 0.	Box 1910	, Midland, TX	79 701	
Name of Authorized Transporte		or Dry Gas	Address	(Give address)	which approved copy	of this form is t	o be sent)
				Dev. 1400		70079	
El Paso Natural Gas Co.			<u> KQ</u>	<u>. DOX 1492</u>	, El Paso, TX	177/0	

Rge.

26S: 37E

If this production is commingled with that from any other lease or pool, give commingling order number:

18

Twp.

Sec.

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

If well produces oil or liquids,

give location of tanks.

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.

Unit

E

Davado Ci	Cef
(Signature) Agent	
- (Tuir) 7/26/85	· ·
(Date)	

	SEP - 9 1985
	ORIGINAL SILLED DU
TITLE	DISTRICT I SUPERVISOR

When

10/54

L

Is gas actually connected?

Yes

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 transporten or other such change of condition.

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

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Form C-104