STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

DISTRIBUTION			T		
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U.1.G.4.					
LAND OFFICE					
TRANSPORTER	OIL				
	DAS				
OPERATOR					
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 Page 1

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.	AUTHORIZATION TO	TRANSPORT (DIL AND NAT	URAL GAS		
Operator						
Tahoe Energy, Inc.						
Address	W - 17 / -			······································		
4402 West Industrial - Recson(s) for filing (Check proper box)	Midland, lexas	79703	Toll (a)			
New Well	Change in Transporter of:			Other (Please explain) Change Openator Name		
Recompletion		Dry Gas	Change Operator Name: Tahoe Energy, Inc.			
Change in Ownership	Casinghead Gas		Condensate 4402 West Industrial-Midland, Tx. 79703			
If change of ownership give name and address of previous owner	Tahoe Oil & Cat	tle Company				
II. DESCRIPTION OF WELL AND LE		8000				
Lease Name	Well No. Pool Name, in	•		Kind of Lease	Lease No.	
Gulf NW State	2 Triple "	'X" Delaware		State, Federal or Fee State	ا ا	
Unit Letter L ; 1980	Feet From The Sout	h Line and	660	Feel From The West		
Line of Section 6 Township	p 24-S A	ange 33-E	, NMPL	· Lea	County	
III. DESIGNATION OF TRANSPORT	TED OF OIL AND NA	ATTIDAT CAC				
Name of Authorized Transporter of Oil	or Condensate		(Give address	to which approved copy of this for	n is to be sent!	
				, , , , , , , , , , , , , , , , , , ,	,	
Name of Authorized Transporter of Casinghe	ad Gas or Dry Gas	Address	(Give address	to which approved copy of this form	n is to be sent)	
If well produces oil or liquids, unit give location of tanks.	Sec. Twp.	Rge. Is gas g	ctually connect	od? When		
If this production is commingled with the	t from any other lease	or pool, give com	mingling order	r number:		
NOTE: Complete Parts IV and V on	reverse side if necessar	ry.				
VI. CERTIFICATE OF COMPLIANCE	<u> </u>		OIL C	ONSERVATION DIVISION		
I hereby certify that the rules and regulations of	the Oil Conservation Divisi	on home	01.75	DEC 3 198/	•	
en complied with and that the information given is true and complete to the best of				19		
my knowledge and belief.		BY	ORIGIN	DISTRICT I SUPERVISOR		
		∬ TITLE				
100	/		da form la to	ha disad da assault		
(X) X. a. Trees	an.			be filed in compliance with a est for allowable for a newly d		
// (Signature) President		jj well, t	hie form must	be accompanied by a tabulation of the accompanied by a tabulation of the accordance with AULE	n of the deviation	
DEC. 76'-1 198	37	able or	new and rec	this form must be filled out cor ompleted wells.		
(Date)		well na	il out only Some or number,	ections I, II, III, and VI for contransporter, or other such ch	thanges of owner, ange of condition,	

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

NOV 1 2 1987 NOV 1 2 1987 HOBBS OFFICE