STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

DISTRIBUTION				
SANTA FE				
FILE				
U.S.G.A.		1		
LAND OFFICE				
TRANSPORTER	DIL			
	GAS			
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

PROBATION OFFICE	AUTHORIZATION TO TRANS	AND SPORT OIL AND NATI	JRAL GAS	
I. Operator				
Tahoe Energy, Inc.	<u> </u>			
Address	Midland Taxas 70700			
4402 West Industrial - Reason(s) for liling (Check proper box		I Oshoo (81		
New Well	Change in Transporter of:	Other (Please explain)		
Recompletion		Change Operator Name: Tahoe Energy, Inc.		
Change in Ownership	Casinghead Gas C	20ndensate 4402 West Industrial-Midland, Texas 7970		
f change of ownership give name nd address of previous owner	Tahoe Oil & Cattle Co			
I. DESCRIPTION OF WELL AN				
Lease Name	Well No. Pool Name, Including F		Kind of Lease	Lease No.
Wimberly	5 Double X Dela	<u>ware</u>	State, Federal or Fee Feder	al NM02889
	50 Feet From The North Lin	ne and 660	Feet From The East	
Line of Section 11 Tow	mahip 24–S Range	32-E , NMPN	- Lea	County
II DESIGNATION OF TRANSP	ORTER OF OIL AND NATURAL			
Name of Authorized Transporter of Oil	or Condensate	AL GAS Address (Give address to which approved copy of this form is to be sent)		
Conoco, Inc. Sur	lace Irana	P.O. Box 1959 - Midland, Texas 79702		
Name of Authorized Transporter of Car	inghead Gas or Dry Gas	Address (Give address	to which approved copy of this form	is to be sent)
Phillips P etroleum Cor				4004
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. H 12 24-S 32-E	Is gas actually connected Yes	When N/A	
this production is commingled with	h that from any other lease or pool,			
IOTE: Complete Parts IV and V	on reverse side if necessary.			
I. CERTIFICATE OF COMPLIANCE		OIL C	ONSERVATION DIVISION	
hereby certify that the rules and regulation		APPROVED	DEC 3 1987	
en complied with and that the information we knowledge and belief.	is given is true and complete to the best or	RY	CHED BY JERRY SEXTON	
		ORIGINALS	RICT I SUPERVISOR	
	,	TITLE DIST	RICI (SOLEMOS)	
(V) 4 0 M	/	This form is to	be filed in compliance with R	ULE 1104.
Signation Preside	we)	well, this form must	est for allowable for a newly d be accompanied by a tabulation will in accordance with AULE	n of the deviation
Preside			this form must be filled out cor	
Fill out only Sections I. II. III, and VI for changes of well name or number, or transporter, or other such change of con-			hanges of owner, ange of condition.	

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

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NORBS OFFICE