

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

ILLEGIBLE

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

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SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator Double X Refining Co.

Address P.O. Box 1772 Hobbs N.M. 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 checked="" type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

Other (Please explain) \_\_\_\_\_

If change of ownership give name  
and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>TERMINAL FEDERAL</u>	Well No. <u>4</u>	Pool Name, including Formation <u>DOUBLE X VELAZQUEZ</u>	Kind of Lease State, Federal or Fee <u>FEDERAL</u>	Lease No. <u>NH-022</u>
Location				
Unit Letter <u>K</u> : <u>1980</u> Feet From The <u>S</u> Line and <u>1650</u> Feet From The <u>W</u>				
Line of Section <u>14</u> Township <u>24-S</u> Range <u>32-E</u> , NMPM, <u>LEO</u> Coun _____				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> <u>Navajo Refining Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Drawer 159 Hobbs N.M. 88240</u>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Phillips 66 Nat. Gas</u>	Address (Give address to which approved copy of this form is to be sent) <u>4001 Riverside, Dallas Texas 75212</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>F</u>	Sec. <u>14</u>
	Twp. <u>24</u>	Rge. <u>32</u>
	Is gas actually connected? <input checked="" type="checkbox"/> When _____	

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.

Mark R. Clarke

(Signature)

ENGINEER

(Title)

2-9-89

(Date)

OIL CONSERVATION DIVISION

FEB 10 1989

APPROVED \_\_\_\_\_, 10 \_\_\_\_\_

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 deep 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 all wells 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 Form C-104 must be filed for each pool in multi-completed wells.