

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES REQUIRED	
DISTRIBUTION	
SANTA FE	
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LAND OFFICE	
TRANSPORTER	<input type="checkbox"/> OIL
OPERATOR	<input type="checkbox"/> GAS
PRODUCTION 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. Operator  
**Dwight A. Tipton**

Address  
**c/o Oil Reports & Gas Services, Inc., P.O. Box 755, Hobbs, NM 88241**

Reason(s) for filing (Check proper box)  
☐ New Well  
☐ Recompletion  
☒ Change in Ownership  
 Change in Transporter of:  
☐ Oil  
☐ casinghead Gas  
☐ Dry Gas  
☐ Condensate  
 Other (Please explain)  
**Effective 7/1/88**

If change of ownership give name and address of previous owner **Graham Royalty Ltd., 5429 LBJ Fwy, Suite 550, Dallas, Texas 75240**

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Leonard Federal</b>	Well No. <b>13</b>	Pool Name, including Formation <b>South Leonard Queen</b>	Kind of Lease State, Federal or Fee <b>Federal</b>	Lease No. <b>NM-795</b>
Location Unit Letter <b>L</b> <b>1980</b> Feet From The <b>South</b> Line and <b>660</b> Feet From The <b>West</b> Line of Section <b>14</b> Township <b>26 S</b> Range <b>37 E</b> , NMPM, <b>Lea</b> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> <b>None - Injection Well</b>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? 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

*Dwight A. Tipton*  
(Signature)  
Agent  
(Title)  
7/21/88  
(Date)

OIL CONSERVATION DIVISION

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY \_\_\_\_\_  
TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the device 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 ownership, well name or number, or transporter, or other such change of conditions.  
Separate Forms C-104 must be filed for each pool in multi-completed wells.