Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Dallas McCasland Dallas McCasland Address C/O Oil Reports & Gas Services, Inc., P. O. Box 755, Hobbs, NM 88241 Reson(6) for Filing (Check proper box) New Well Change in Transporter of: Casinghead Gas Condensate Effective 6/1/90 Casinghead Gas Condensate Effective 6/1/90 Casinghead Gas Condensate Effective 6/1/90 If change of Operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease Nm-029050 Lease Name Federal "F" 5 Scarborough Yates - SR SUNK FederaKit Note Above Location Unit Letter P : 660 Feet From The South Line and 660 Feet From The East Line Section 29 Township 265 Range 37E NMFM, Lea County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil	I.		<u> TO TRAI</u>	<u>NSPC</u>	<u>ORT OIL</u>	<u>. AND NA</u>	TURAL G					
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DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	Omt Letter	_		rect ric	om me <u> </u>				~ 1 10111 1110 .			
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Name of Authorized Transporter of Castinghead Gas QxX or Dry Gas Side Alchers (Give address to which approved copy of this form is to be sent)	Name of Authorized Transporter of Oil	XX	or Condens	ate		Address (Giv	e address to w	hich approved	copy of this f	orm is to be se	ent)	
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Image: Comparison of tanks Image: Comparison I	Sid Richardson Carl	oon & G										
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Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Date Approved By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT & SUPERVISOR Title 7/17/90 505-393-2727					CL	(DIL CON	1SERV	ATION	DIVISIO	N	
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Signature Donna Holler Agent By ORIGINAL SIGNED BY JERRY SEXTON	is true and complete to the best of my l	mowledge an	d belief.			Date	Approve	d 🦪	41L 15 11	folding.		
Signature District Supervises	1.2	, 1 .				50.0	٠٠,٥٠٥					
Signature District Supervises	Worn Lolles						D. ORIGINAL SIGNED BY IFED SEVENI					
Printed Name Title Title Title Title	Simplifie							DISTRIC	T I SUPER	V1303	<u>wr17</u>	
7/17/90 505-393-2727												
			-		2727	IIIIe						

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

RECEIVED

JUL 1 8 1990

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