

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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	GAS	
OPERATOR		
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 Carr Well Service, Inc.	
Address Box 6427, Odessa, Texas 79762	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input checked="" type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate

If change of ownership give name and address of previous owner: Operator  
Federal Deposit Insurance Corporation, P. O. Box 3148, Midland, Tx 79702

II. DESCRIPTION OF WELL AND LEASE

Lease Name Buffalo Hump	Well No. 1	Pool Name, including Formation Comanche Stateline Tansil Yates SR Queen	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter <u>E</u> ; <u>660</u> Feet From The <u>West</u> Line and <u>2030</u> Feet From The <u>North</u> Line of Section <u>27</u> Township <u>26S</u> Range <u>36E</u> , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Enron Oil Trading & Transportation Co.

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Tesoro Petroleum</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 1188</u> <u>Houston, TX 77251-1188 Effective 7-1-88</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>El Paso Natural Gas Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 1492, El Paso, Texas 79978</u>
If well produces oil or liquids, give location of tanks.	Unit <u>E</u>
Sec. <u>27</u>	Twp. <u>26S</u>
Rge. <u>36E</u>	Is gas actually connected? <u>Yes</u>
	When <u>1-14-81</u>

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.

Ben Kautz  
(Signature)  
President  
(Title)  
10-2-87  
(Date)

OIL CONSERVATION DIVISION

APPROVED NOV 4 1987, 19\_\_\_\_\_  
BY Paul Kautz  
TITLE Geologist

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened 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 allowable 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 Forms C-104 must be filed for each pool in multiply completed wells.