STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

Kindred Petroleum Company

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DISTRIBUTION			I
BANTA PE			
FILE			
U.S.O.S.			
LAND OFFICE		1	
TRANSPORTER	OIL		
	GAB		
OPERATOR			
PROBATION OFFICE			

Operator

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

Address			
P. O. Box 411, Midland, TX 79702			
Reason(s) for filing (Check proper box)	Other (Please explain)		
New Well Change in Transporter of:			
	bry Gas		
X Change in Ownership Casinghead Gas C	ondensate		
If change of ownership give name Texas Vanguard Oil Company, P.O. Box 202650, Austin, TX 78720 and address of previous owner			
II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including F	ormation Kind of Lease No.		
Buffalo Hump 5 Comanche Stat			
Location Tansil Yates			
Unit Letter K; 1980 Feet From The West. Lir	ne and 1980 Feet From The South		
Line of Section 27 Township 26S Range	36E , NMPM, Lea County		
Name of Authorized Transporter of Oil Effective 1-1-93 Enron Oil Trading & Transportation Company Name of Authorized Transporter of Casinghead Gas or Dry Gas Naddress (Give address to which approved copy of this form is to be sent) P. O. Box 1188, Houston, IX 77251 Address (Give address to which approved copy of this form is to be sent) Sid Richardson Gasoline Co. El Paso Natl 962 Sid Richardson Gasoline Co. El Paso Natl 962 Olimitation Company If well produces oil or liquids, Unit Sec. Twp. Rgd. Is quas actually connected? When qive location of tanks. 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 APPROVED Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent)			
been complied with and that the information given is true and complete to the best of my knowledge and belief.	BYTITLE		
President (Title) 7/31/90 (Date)	This form is to be filed in compliance with AULE 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 AULE 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.		