

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
	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  
Kindred Petroleum Company

Address  
P. O. Box 411, Midland, TX 79702

Reason(s) for filing (Check proper box) Other (Please explain)

<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 checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

If change of ownership give name and address of previous owner Texas Vanguard Oil Company, P.O. Box 202650, Austin, TX 78720

II. DESCRIPTION OF WELL AND LEASE

Lease Name Buffalo Hump	Well No. 6	Pool Name, including Formation Comanche Stateline	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Tansil Yates SR Queen				
Unit Letter N	Feet From The 660	South	Line and 1980	Feet From The West
Line of Section 27	Township 26S	Range 36E	NMPM, Lea	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Enron Oil Trading & Transportation Company Effective 1-1-93	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1188, Houston, TX 77251				
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> <del>Sid Richardson Gasoline Co. El Paso Nat'l Gas</del>	Address (Give address to which approved copy of this form is to be sent) <del>201 Main St., Ft. Worth, TX 76102</del>				
If well produces oil or liquids, give location of tanks. Unit E	Sec. 27	Twp. 26S	Rge. 36E	Is gas actually connected? Yes	When 01/14/81

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.

President

7/31/90

(Title)

(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 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.