

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATION	
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

Operator B.E. Frizzell	
Address P.O. Box 1976 Hobbs, N.M. 88240- 900 E. Yaso #5	
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 Samedan Oil Corp. 10 Desta Drive Suite-240E. Midland, Texas 79705

II. DESCRIPTION OF WELL AND LEASE

Lease Name Hughes B-6	Well No. 11	Pool Name, including Formation Langlie Mattix-Queen 63	Kind of Lease State, Federal or Fee Federal	Lease No. 2244
Location Unit Letter D ; 660' Feet From The N.E. Line and 660' Feet From The W.L. Line of Section 19 Township 23-S Range 37-E, NMPM, Lea County, N.M. 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"/> Texas- New Mex. P.L.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2528, Hobbs, N.M. 88240					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Pet. Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1909, Eunice, N.M. 88231					
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 19	Twp. 23-S	Rge. 37-E	Is gas actually connected? Yes	When 2-20-81

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 I have been complied with all laws, rules and regulations of the State of New Mexico and the Department of Energy and Minerals to the best of my knowledge and belief.

ILLEGIBLE

B.E. Frizzell *B.E. Frizzell*
(Signature)
Owner-Operator
(Title)
12-16-87
(Date)

OIL CONSERVATION DIVISION

APPROVED **DEC 21 1987**, 19
BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT SUPERVISOR
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.

RECEIVED

DEC 18 1987

OLD
HOBBS OFFICE