

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OPERATOR	
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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 08-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Cliffs Exploration Company

Address 1200 Smith Street, Suite 300, Houston, Texas 77002

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recombination	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

Other (Please explain):

If change of ownership give name and address of previous owner Cliffs Drilling Company, 1200 Smith Street, Suite 300, Houston, Tx 77002

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Starman Federal Unit</u>	Well No. <u>1</u>	Pool Name, including Formation (gas) <u>Arenja Roja Strawn, South</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>NM 15042</u>
Location				
Unit Letter <u>G</u>	<u>1980</u>	Feet From The <u>N</u>	Line and <u>1980</u>	Feet From The <u>E</u>
Line of Section <u>28</u>	Township <u>26S</u>	Range <u>35E</u>	NMPM, <u>Lea</u>	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorizing Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>The Permian Corp. P.O. Box 1183 Houston Texas 77001</u>	
Name of Authorizing Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Natural Gas Pipeline Co. of America</u>	<u>3050 S. Post Oak Rd., Box 283, Houston, Tx 77002</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit Sec. Twp. Rge. <u>28 26S 35E</u>	<u>Yes May, 1983</u>

If this production is commingled with that from any other lease or pool, give commingling order number: N/A

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.

Kenneth J. Rogers
(Signature)
Robert V. Smith
(Title)
December 15, 1986
(Date)

OIL CONSERVATION DIVISION

APPROVED DEC 29 1986, 19
BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I 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.