

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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U.S.G.S.	
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**
Energy Well Services Co.

Address
P.O. Box 1772 Hobbs N.M. 88240

Reason(s) for filing (Check proper box)

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

Other (Please explain)

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <i>Terminale Federal</i>	Well No. <i>6</i>	Pool Name, including Formation <i>Double X Voladere</i>	Kind of Lease State, Federal or Fee <i>FEDERAL</i>	Lease No. <i>055500</i>
Location				
Unit Letter <i>J</i> : <i>1980</i> Feet From The <i>S</i> Line and <i>1980</i> Feet From The <i>E</i>				
Line of Section <i>14</i> Township <i>24-S</i> Range <i>36-E</i> , NMPM, <i>Lee</i> Coun				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> <i>Navajo Refining Co.</i>	Address (Give address to which approved copy of this form is to be sent) <i>P.O. Drawer 159 Hesperia N.M. 88210</i>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <i>Phillips 66 Nat. Gas</i>	Address (Give address to which approved copy of this form is to be sent) <i>4001 Kennerbrook, Denver Texas 80212</i>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <i>F</i> Sec. <i>14</i> Twp. <i>24</i> Rge. <i>36</i>	

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

NOTE: Complete Part: 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.

Mark R. Clarke

(Signature)

Engineer

(Title)

2-9-89

(Date)

OIL CONSERVATION DIVISION

FEB 10 1989

APPROVED _____, 19 _____

ORIGINAL SIGNED BY JERRY SEXTON

BY _____ 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 deeper 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 all able on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of condition.

Separate Form C-104 must be filed for each pool in multi-completed wells.

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