## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

			]						Revised 10-0	1-78
DISTRIBUT	ON				ONSER	VATIO	N DIVISI	<b>N</b>	Format 06-01	-83
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FILE			]			. BOX 208	-			
V.8.0.8,				SAN	TA FE, M	NEW MEX	(ICO 87501			
LAND OFFICE										
TRANSPORTER	01									
GAS OPERATOR				REQUEST FOR ALLOWABLE						
PROMATION OFF						AND		•		
			L AU	THORIZATI	ON TO TRA	ANSPORT C	IL AND NAT	IRAL GAS		
•										
Operator										
M&BPe	etrol	eum								$\sim$
Address										<del></del>
c/o Oil	Řepc	orts	& Gas Serv	ices, Inc	., Box	755, Hob	bs, NM 883	24 1		
Reason(s) for fil	ing (C	heck pr	oper box)		·····		Other (Pleas			<u></u>
New Well			Ch	ange in Trans	conter of				ľ	£.
Recompletio	-					1	Effec	tive 7/1/87	î	
				í	يبيح ا	Dry Gas	ł		W 1 10	
X Change in O	wnersi	lp		Casinghead	Gas 🗌	Condensate			10 11	$\sim$
change of own nd address of ;			Apo	110 Oil (	Company,	P. O. E	ox 755, H	obbs, NM 8824]		
. DESCRIPTI	<u>ON 0</u>	F WE	LL AND LEAS	E		·			LC-030554	4-A
Lease Name			We	II No. Pool N	ame, includin	g Formation		Kind of Lease		Lease No.
W. T. J <del>o</del>	iner	Jo	YNER	1	Jalmat			State, Federal or Fee	Federal	Above
ocation			,							
Unit Letter	I		2310 Fe	et From The	South	Line and	330	Feet From The	East	
Line of Sectio	<u>n</u> 2	6	Township	25 S	Range	36 E	, NMPM	. Lea		County
I. DESIGNAT	TION	OF TI	ANSPORTER	OF OIL AN	D NATUR	AL GAS				

Name of Authorized Transporter of		of Conde	insate 🗌		Address (Give address to which approved copy of this form is to be sent)
Texas-New Mexico Pi	De Line	Compan	IV _		P.O. Box 2528, Hobbs, NM 88241
Name of Authorized Transporter of	Castnahead	Gas	or Dry Go		Indexee (Cine address to which and the state of the state
	ocourignoud		0. 0. / 0.	·• 🗆	Address (Give address to which approved copy of this form is to be sent)
			0. 5.7 0.		Address force underst to which approved copy of this form is to be sent)
If well produces oil or liquids.	Unit	, Sec.			Is gas actually connected? When

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.

Sign Agent

(Tile) July 23, 1987 (Date)

**OIL CONSERVATION DIVISION** JERRY SEXTON BY ORIGINAL CIGNED 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 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 allow-sible 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.

rm C.104

