

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

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

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Santa Fe Exploration Company

Address
P. O. Box 1136, Roswell, NM 88202-1136

Reason(s) for filing (Check proper box)
☐ New Well
☐ Recompletion
☒ Change in Ownership
 Change in Transporter of:
☐ Oil
☐ Casinghead Gas
☐ Dry Gas
☐ Condensate
 Other (Please explain)
 Effective 12-1-86

If change of ownership give name and address of previous owner
Conoco, Inc., P. O. Box 460, Hobbs, NM 88240

II. DESCRIPTION OF WELL AND LEASE

Lease Name Jack A-29	Well No. 3	Pool Name, including Formation Langlie Mattix 7 Ryrs Queen	Kind of Lease State, Federal or Fee Federal	Lease No. NM-741
Location Unit Letter <u>H</u> : <u>1970</u> Feet From The <u>North</u> Line and <u>330</u> Feet From The <u>East</u> Line of Section <u>29</u> Township <u>24S</u> Range <u>37E</u> , NMPM, <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

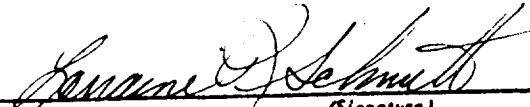
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Conoco, Inc. Dept. N.M. Pipeline</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 1267, Ponca City, OK 74603</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>El Paso Natural Gas Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 1492, El Paso, TX 79978</u>
If well produces oil or liquids, give location of tanks. Unit <u>H</u> Sec. <u>29</u> Twp. <u>24S</u> Rge. <u>37E</u>	Is gas actually connected? <u>Yes</u> 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.


(Signature)

Production Clerk
(Title)

January 29, 1987
(Date)

OIL CONSERVATION DIVISION

APPROVED FEB 11 1987, 19_____
BY Paul Kautz
TITLE Geologist

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the device tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all wells on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of conditions.
Separate Forms C-104 must be filed for each pool in multi-completed wells.

RECEIVED
FLB 6 1987
10205-10101