STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

BISTRIBUTION						
SANTA PE						
PRE						
V.8.0.A.						
LAND DIFICE						
TRAMIPORTER	OIL					
VANSEP (M.) (M.)	BAB					
OPERATOR						

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

Separate Forms C-104 must be filed for each pool in multip

REQUEST FOR ALLOWABLE

AND

AUTHODIZATION TO TRANSPORT OIL AND NATURAL GAS

PROPATION OFFICE	AU	THORIZA	ATION TO		PORT OI	L AND NAT	URAL GAS		
Operator									
Deaduaina Inc									
Address									
P. O. Box 728, Hobbs,	New Me	exico 8	88240						
Resson(s) for filing (Check proper bo						Other (Plea	of Operator from G	etty to	
Now Well	0	meyaco Produ				Producing Inc. 1	2/31/84		
Recompletion	<u> </u>	Oil		>	ry Gas Condensate	1 I I I I I		•	
X Change in Ownership		Cesingh	ed Ges			<u> </u>			
change of ownership give name									
nd address of previous owner									
I. DESCRIPTION OF WELL A	ND IFAS	SE.							Lease No
Lease Name	P	ell No. Pe		including f			Kind of Lease	<u>+</u>	B9311
West Dollarhide Drink.	Unit	71 D	ollarh	ide Tub	b-Drin	kard	Sione, Federal or Fee Sta	<u></u>	
Lecetion			_			E10	East		
Unit Letter P : 81	<u>.0 </u>	eet From T	Sour	tn_u	ne and	510	Foot From The East		
		240		_	38E	. NMF	Lea		County
Line of Section 32 T	ownship	24S		Range		, 1140	<u></u>		
	CDODTT	D OF O	I ANTO B	JATI IRA	L GAS				
III. DESIGNATION OF TRAN	SPURIE	or Cond	iensate [)	Andress	(Cive addres	s to which approved copy of thi	s form is to t	be sent)
Injection	_							- 40-5 to 10	A
Name of Authorized Transporter of C	asinghead	Gas 🔲	or Dry C	Gas 📗	Address	(Give addres	s to which approved copy of thi	, 101m ts 10 t	ye sem,
							cted? When		
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	16 925 0	ctually conne	t and		
aive location of tanks.									
If this production is commingled	with that	from any	other leas	se or pool	, give con	nmingling ord	ler number:		
NOTE: Complete Parts IV and	. , ,				! !	Oil	CONSERVATION DIVIS	ION	
VI. CERTIFICATE OF COMPLIANCE				1	ØiL	COMOLINATION DIVIS		85	
I hereby certify that the rules and regul		e Oil Cons	ervation D	ivision have	APPE	40VED		 , 1	9
hereby certify that the rules and regul been complied with and that the inform	ation given	is true and	complete to	the best of	11	Lin	11 Adm		
my knowledge and belief.					BY_	1	COMPONICOD		
					TITL	DISTR	HCT I SUPERVISOR		
						Tale form le	to be filed in compliance w	Ith RULE	1104.
w.B. hh			11 .	to the to a request for allowable for a newly drilled or deepen					
	(nature)				11	ALIA /A	ist be accompanied by a tab well in accordance with R	UISTION OF I	ihe deviati
District Operations I		<u>.</u>			10010	taken on the	of this form must be filled o	ut complete	ly for allo
	Tule)				li able (on new and	recompleted wells.		
April 2, 1985						III out only	Sections I. II. III. and VI	for change	se of owner of condition
	Date)				well r	same or numb	er, or transporter, or other su	en enembe	

completed wells.