

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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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 Tahoe Energy, Inc.	
Address 4402 West Industrial - Midland, Texas 79703	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well	Change Operator Name:
<input type="checkbox"/> Recompletion	Tahoe Energy, Inc.
<input type="checkbox"/> Change in Ownership	4402 W. Industrial-Midland, Tx. 79703
Change in Transporter of:	
<input type="checkbox"/> Oil	
<input type="checkbox"/> Casinghead Gas	
<input type="checkbox"/> Dry Gas	
<input type="checkbox"/> Condensate	

If change of ownership give name and address of previous owner Tahoe Oil & Cattle Co.

II. DESCRIPTION OF WELL AND LEASE

Lease Name Hale State	Well No. 3	Pool Name, including Formation <del>North</del> Justis Fusselman / 2-177	Kind of Lease State, Federal or Fee	Lease No. B-2317
Location Unit Letter <u>H</u> : <u>1650</u> Feet From The <u>North</u> Line and <u>330</u> Feet From The <u>East</u>				
Line of Section <u>2</u> Township <u>25-S</u> Range <u>37-E</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"/>	Address (Give address to which approved copy of this form is to be sent)			
Texas New Mexico	P.O. Box 52332 - Houston, Tx. 77052			
Name of Authorized 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)			
El Paso Natural Gas Co.	P.O. Box 1492 - El Paso, Tx. 79978			
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 2	Twp. 25-S	Rge. 37-E
	Is gas actually connected?		When	
	Yes		1961	

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.

(x) J. A. Green  
(Signature)  
President  
(Title)  
Dec. 1, 1987  
(Date)

OIL CONSERVATION DIVISION

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY ORIGINAL SIGNED BY JERRY SEXTON  
TITLE DISTRICT SUPERVISOR

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.