

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

Form C-104
Revised 11-1-79
Formal 11-1-79
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REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator ESTACADO, INC.
Address P. O. BOX 5587, Hobbs, New Mexico 88241
Reason(s) for filing (Check proper box) Other (Please explain)
☐ New Well ☐ Change in Transporter of:
☐ Recompletion ☒ Oil ☐ Dry Gas
☒ Change in Ownership ☒ Casinghead Gas ☐ Condensate * EFFECTIVE: 9-1-87
Change in Transporter (Oil)

If change of ownership give name and address of previous owner ENRON OIL & GAS COMPANY, P. O. BOX 2267, Midland, Texas 79702

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>ELLIOTT "31" FEDERAL</u>	Well No. <u>1</u>	Pool Name, including Formation <u>DOLLARHIDE DEVONIAN</u>	Kind of Lease State, <u>Federal</u> or Fee <u>FED</u>	Lease No. <u>LC-069052</u>
Location Unit Letter <u>A</u> ; <u>990</u> Feet From The <u>North</u> Line and <u>990</u> Feet From The <u>East</u> Line of Section <u>31</u> Township <u>24-S</u> Range <u>38-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"/> <u>Texas-New Mexico Pipeline Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 42130, Houston, Texas 77042</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>Box 1492, El Paso, Texas 79978</u>					
If well produces oil or liquids, give location of tanks.	Unit <u>A</u>	Sec. <u>31</u>	Twp. <u>24</u>	Rge. <u>38</u>	Is gas actually connected? <u>Yes</u>	When <u>1-23-79</u>

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]
(Signature)
President
(Title)
November 2, 1987
(Date)

OIL CONSERVATION DIVISION

NOV 5 1987

APPROVED _____, 19 _____

BY Orig. Signed by
Paul Knutz
Geologist
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 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 filled for each pool in multiply completed wells.