

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
OPERATOR	GAS
PRORATION OFFICE	

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

Form C-104
Revised 10-01-78
Format 00-01-83

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MAY 13 1988

REQUEST FOR ALLOWABLE
AND
OIL CON. DIV.
DIST. 3
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Texaco Inc.	
Address P. O. Box EE, Cortez, Co. 81321	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Gas is gathered by Texaco and sold at a common point to El Paso.
Change in Transporter of: <input type="checkbox"/> Oil <input checked="" type="checkbox"/> casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate	

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name C. W. Roberts	Well No. 3A	Pool Name, including Formation Lindrith Gallup/Dakota	Kind of Lease State, Federal or Fee Fed. SF079600	Lease No.
Location Unit Letter <u>L</u> : <u>1650</u> Feet From The <u>South</u> Line and <u>810</u> Feet From The <u>West</u> Line of Section <u>18</u> Township <u>25N</u> Range <u>3W</u> , NMPM, Rio Arriba County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Texaco/	P. O. Box 990, Farmington, N.M. 87401	
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 18
	Twp. 25N	Rge. 3W
	Is gas actually connected? Yes	
	When 3-25-82	

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.

IV. 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.

Alan A. Kleier
(Signature)

AREA MANAGER

(Title)

5-10-88

(Date)

NMOGCC(3) Santa Fe NMOGCC(1) Aptec

OIL CONSERVATION DIVISION

MAY 13 1988

APPROVED _____, 19

BY Burt D. [Signature]

TITLE SUPERVISION DISTRICT #3

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.