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SANTA FE	
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U.S.G.A.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROMOTION OFFICE	

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

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator  
**TEXACO PRODUCING INC.**  
Address  
P. O. Box 728, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)  
 New Well  
 Recompletion  
 Change in Ownership  
 Change in Transporter of:  
 Oil  
 Castinhead Gas  
 Dry Gas  
 Condensate  
 Other (Please explain)  
 Change of Operator from TEXACO INC. TO  
 TEXACO PRODUCING INC. effective 6/1/85.

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name Central Vacuum Unit	Well No. 44	Pool Name, including Formation Vacuum Grayburg San Andres	Kind of Lease State, Federal or Fee State	Lease No. B-1518
Location Unit Letter <u>D</u> ; <u>134</u> Feet From The <u>North</u> Line and <u>1219</u> Feet From The <u>West</u> Line of Section <u>31</u> Township <u>17S</u> Range <u>35E</u> , NMPM. Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> Injection	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Castinhead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? 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.

*W. D. Loh*

(Signature)

District Operations Manager

(Title)

6/1/85

(Date)

OIL CONSERVATION DIVISION  
APPROVED JUL 1 9 1985 19 85  
BY James L. Linton  
TITLE DISTRICT 1 SUPERVISOR

This form is to be filed in compliance with RULZ 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 RULZ 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.