STATE OF NEW MEXICO ENERGY MO MINERALS DEPARTMENT

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PRINCIPAL	+
SANTA PE	+
PHE	╁╼╂╼
V.S.S.A.	╅╌╁╌
LAND OFFICE	┿┿
TRAMSPORTER DIL	 -
040	
OPERATOR	
PROBATION OFFICE	

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

REQUEST FOR ALLOWARLE

PROBATION OFFICE		REQUEST FOR ALLOWABLE AND						
I.	AUTHOR	IZATION TO TR	ANSPORT OIL	AND NATURAL	L GAS			
Texaco Producing Inc.								
Address		•	·					
P.O. Box 728, Hobbs,	New Mexico	88240						
Reeson(s) for filing (Check proper bos	7	88240						
Now Well	Change in	Change in Transporter of:		Other (Please explain)				
Change in Ownership	ᄆᅃ	Dry Ges Change of Op			Operator from	Texaco	Inc. to	
	Ceetne	phond Gas	Condensate	Texaco Pro	oducing Inc. E	ffective	re 01/01/8	
If change of ownership give name and address of previous owner.	•						·	
II. DESCRIPTION OF WELL AN	D LEASE							
West Vacuum Unit		Pool Name, Includin		Kim	of Lease			
Location	40	Vacuum Grayl	ourg San An	dres Sie	e, Federal or Fee St	ate	B-3936	
Unit Letter_C 660		The North	100	20		ALCE .	D-3930	
	reel From	The	Line and 198	F-	et From TheWest	t	•	
Line of Section 4 Tow	mahip 18S	Range	34E	, NMPM.	Iea			
III. DESIGNATION OF TRANSP				, RMFM,	Lea		County	
Name of Authorized Transporter of OII	ORTER OF OT	L AND NATUR	AL GAS					
Injection	_		Address (Gas	re address to whi	ch approved copy of this	form is to	be seat)	
Name of Authorized Transporter of Cast	inghead Gas	or Dry Gas	Address (Gis	e address so whi	ch approved copy of this			
					an abbuses coby of 1913	form is to	be sentj	
If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp. Rge.	le das ectner	ly connected?	When	·		
If this production is commission and		<u> </u>			<u> </u>			
If this production is commingled with	that from any o	other lease or poo	l, give comming	ling order numb)&L:	· · · · · · · · · · · · · · · · · · ·		
NOTE: Complete Parts IV and V	on reverse side	if necessary.		•		· · ·		
VI. CERTIFICATE OF COMPLIAN	ICE		H	011 00110				
,								
	is of the Oil Conse	rvarion Division have	APPROVE	:D	APR 24 19	ن/ ن	_	
my knowledge and belief.		ambient to the pest o	" BY	15/11	1-10%		<i>!</i>	
					- All	15		
TITLE Geologist								
- All Des	mina		This fo	orm is to be fil	ed in compliance with	NULE 1	104.	
District Ada	o)		well, this f	12 a lednest to	r allowable for a new	ly drilled		
District Adm	illistrativ	e Superviso	r teete taken	on the well in	accordance with at	erion of fi	be deviation	
February 09			able on nen	tions of this for and recomple	must be filled out	completel	y for allow	
(Date) Fill out only Sections I. II. and VI for well name or number, or transporter or other such c					or change	B of aver-		
	•		H completed w	elle.	must be filed for e	ech pool	in multiply	

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