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

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator
Texaco 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
 Casinghead Gas
 Dry Gas
 Condensate
 Other (Please explain)
 Effective October 1, 1986

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	State	Lease No.
Little Eddy Unit "CH" State	1	South Salt Lake Atoka Gas	State, Federal or Fee	State	E-5231
Location					
Unit Letter	H	1980 Feet From The	North	Line and	660 Feet From The
					East
Line of Section	36	Township	20S	Range	32E
				NMPM,	Lea
					County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Texaco Trading & Transportation Inc. 1090-0062	P.O. Box 6196, Midland, Texas 79711-0196
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Texaco Inc.	P.O. Box 728, Hobbs, NM 88240
If well produces oil or liquids, give location of tanks.	Unit : H, Sec. : 36, Twp. : 20S, Rge. : 32E
Is gas actually connected?	Yes
When	Unknown

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.

J. W. Benning
(Signature)
District Administrative Supervisor
(Title)
October 1, 1986
(Date)

OIL CONSERVATION DIVISION

APPROVED OCT 3 1986, 19

BY ORIGINAL SIGNED BY JERRY SEXTON
TITLE DISTRICT I 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.

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