

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

| | |
|------------------------|-------------|
| NO. OF COPIES RECEIVED | |
| DISTRIBUTION | |
| SANTA FE | |
| FILE | |
| U.S.S. | |
| LAND OFFICE | |
| TRANSPORTER | OIL |
| | NATURAL GAS |
| OPERATOR | |
| PRORATION OFFICE | |

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)

| | | | | |
|--|---|------------------------------|-------------------------------------|---|
| <input type="checkbox"/> New Well | Change in Transporter of: | <input type="checkbox"/> Oil | <input type="checkbox"/> Dry Gas | Other (Please explain) Gas Transporter Name Change |
| <input type="checkbox"/> Recompletion | <input checked="" type="checkbox"/> Casingshead Gas | <input type="checkbox"/> | <input type="checkbox"/> Condensate | |
| <input type="checkbox"/> Change in Ownership | | | | |

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 | Lease No. |
|-------------------|----------|--------------------------------|---------------------------|-----------|
| East Eummont Unit | 25 | Eummont Yates 7 Rivers Queen | State, Federal or Fee Fee | |

Location
Unit Letter M ; 660 Feet From The West Line and 660 Feet From The South

Line of Section 3 Township 19S Range 37E , NMPM, Lea 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"/> | Address (Give address to which approved copy of this form is to be sent) |
| Texas NM Pipeline Co. Shell Pipeline Corp. | P. O. Box 2528, Hobbs, NM 88240 P. O. Box 7910, Midland, TX 79762 |
| Name of Authorized Transporter of Casingshead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| Phillips 66 Natural Gas Company | 4001 Penbrook, Odessa, TX 79762 |
| If well produces oil or liquids, give location of tanks. | Is gas actually connected? When |
| Unit <u>M</u> Sec. <u>3</u> Twp. <u>19S</u> Rge. <u>37E</u> | Yes <u>12/17/81</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.

J. W. Browning
(Signature)
District Administrative Supervisor

March 20, 1986
(Date)

OIL CONSERVATION DIVISION

APPROVED APR 20 1986, 19 _____

BY ORIGINAL SIGNED BY JERRY SEATON
DISTRICT-1 SUPERVISOR

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 filed for each pool in multiply completed wells.