STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

ee. or torsee acc	-	I^{-}	
DISTRIBUTION		1	Т
SANTA PE		1	1
PILE		1	
V-8-6-4.		1	$\overline{}$
LAND OFFICE			
TRAMSPORTER	DIL		
	BAS		
OPERATOR .			
PROBATION OFFICE			

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

Form C-104 Revised 10-01-7/ Format 95-01-83 Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS				
Texaco Producing Inc.	-				
P.O. Box 728, Hobbs, New	Mexico 88240				
Reesen(s) for filing (Check proper box)		Other (Pleas			
Now Well	Change in Transporter of:	Omer (7 lees	e expense		
Recompletion		Gas Tra	ansporter Name Change		
Change is Ownership		Condensate			
If change of ownership give name and address of previous owner					
II. DESCRIPTION OF WELL AND LE					
	Well No. Pool Name, Including F	ormation	Kind of Lease	Leese No.	
East Eumont Unit	30 Eumont Yates	7-Rivers Ougon	State, Federal or Fee	1	
Location		THE STOREST	State		
Unit Letter <u>C</u> : 690	Feet From The North Li	ne and <u>1950</u>	Feet From The West		
Line of Section 10 Township	19S Range	37E , NMPM	Lea	County	
III. DESIGNATION OF TRANSPORT	ER OF OIL AND NATURA	L GAS			
I Name of Valuatized Itemsboties of Off [X:	or Condensate (T)	Andress (Give address	to which approved copy of this form is	to be sent	
Texas MM Pipeline Co. (0055	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
Name of Authorized Transporter of Casingher	ad Gas Or Dry Gas	Address (Give address	midiand TYTOTOS to which approved copy of this form is		
Phillips 66 Natural Gas Com	ma my	1.		to se reat)	
If well produces oil or liquids, Unit	Sec. Twp. Rge.	18 900 Berbrook	Odessa TX 79762		
give location of tanks.	10 19 37	1	i		
If this production is commingled with the		IYes	1957		
NOTE: Complete Parts IV and V on 1				·	
VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION DIVISION			
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.	is true and complete to the best of			, 19	
•	;	BYORIG	NAL SIGNED BY JEEPLY CENTON	L	
TITLE BISTRICT I SUPERVISOR					
14/ Box.			be filed in compliance with RUL		
(Signature)	If this is a request for allowable for a contract to				
District Administrativ	e Supervisor	tests taken on the w	ell in accordance with RULE 11	of the deviation	
(Tule) March 20, 1986	, — — — — — — — — — — — — — — — — — — —		=		
(Date)		Fill out only Sections I. II. III. and VI for changes of owner, well name or number, or transporter, or other auch change of condition.			
		Separate Forms completed wells.	C-104 must be filed for each p	pel in multiply	

APR TO 1986