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SANTA FE	
ALBUQUERQUE	
D.O.B.	
FIELD OFFICE	
TRANSPORTER	<input type="checkbox"/> OIL <input type="checkbox"/> GAS
OPERATOR	
REGISTRATION 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 Producing Inc.

Address
P.O. Box 728, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box) **Other (Please explain)**

<input type="checkbox"/> New Well	Change in Transporter of:	Change in Transporter of Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil <input checked="" type="checkbox"/> Dry Gas	
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> casinghead Gas <input type="checkbox"/> Condensate	

If change of ownership give name and address of previous owner _____

I. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
J.W. Cooper	5	Eumont Yates 7-Rivers Queen	State, Federal or Fee Fee	

Location
Unit Letter G ; 3641.7 Feet From The South Line and 3631.3 Feet From The West

Line of Section 5 Township 20S Range 37E NMPM, Lea County

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
None	
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 Producing Inc.	P.O. Box 3000, Tulsa, Oklahoma 74102
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
	Yes 9-30 10-4-88

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.

III. 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.A. Head
(Signature)
Hobbs Area Superintendent 397-3571
(Title)
(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19____
BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I 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.

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OCT 13 1988

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HOBBS OFFICE**