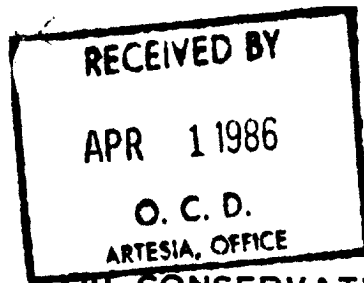


STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OL. OR OTHER RECORDS	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.G.A.	<input checked="" type="checkbox"/>
LAND OFFICE	<input checked="" type="checkbox"/>
TRANSPORTER	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
FORMATION OFFICE	<input checked="" type="checkbox"/>



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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator Texaco Inc. ✓
Address P.O. Box 728, Hobbs, New Mexico 88240
Reason(s) for filing (Check proper box)
☐ New Well ☐ Change in Transporter of: ☐ Oil ☐ Dry Gas
☐ Recompletion ☒ Custardhead Gas ☐ Condensate
☐ Change in Ownership
Other (Please explain) Gas Transporter Name Change

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>North Benson Queen Unit</u>	Well No. <u>19</u>	Pool Name, including Formation <u>North Benson Queen Grayburg</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>JM033775</u>
Location Unit Letter <u>K</u> : <u>1650</u> Feet From The <u>S</u> Line and <u>1650</u> Feet From The <u>West</u> Line of Section <u>27</u> Township <u>18S</u> Range <u>30E</u> . NMPM, <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> <u>Texas-New Mexico Pipeline Company (0096-0861)</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 2528, Hobbs, New Mexico 88240</u>
Name of Authorized Transporter of Custardhead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>None</u>	Address (Give address to which approved copy of this form is to be sent) <u>Past FD-3 5-9-86 Date GT:PP</u>
If well produces oil or liquids, give location of tanks. Unit <u>I</u> Sec. <u>28</u> Twp. <u>18S</u> Rge. <u>30E</u>	Is gas actually connected? <u>No</u> When _____

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

(Title)
March 20, 1986
(Date)

OIL CONSERVATION DIVISION

APPROVED MAY 9 1986, 19 _____
BY Original Signed By
Mike Williams
TITLE Oil & Gas Inspector

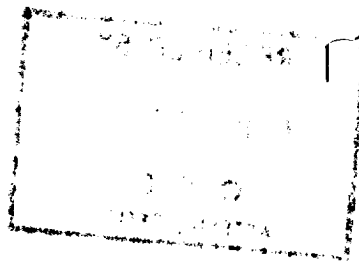
This form is to be filed in compliance with RULE 1104.

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.



RECEIVED
MAR 25 1986
C.C.D.
HOBBS OFFICE