

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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Form C-104  
Revised 10-01-78  
Format 08-01-83  
Page 1

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DISTRIBUTION	
SANTA FE	✓
FILE	✓
U.S.S.	
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/> OIL <input checked="" type="checkbox"/> GAS
OPERATOR	✓
PERMITS OFFICE	

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

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)  
 New Well  
 Recompletion  
 Change in Ownership  
 Change in Transporter of:  
 Oil  
 casinghead Gas  
 Dry Gas  
 Condensate  
 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 State BK	Well No. 1	Pool Name, including Formation Shugart-Yates-7-Rivers	Kind of Lease State, Federal or Fee State	Lease No. E7811
Location Unit Letter <u>L</u> ; <u>2310</u> Feet From The <u>South</u> Line and <u>330</u> Feet From The <u>West</u> Line of Section <u>36</u> Township <u>18</u> Range <u>30</u> , NMPM, <u>Eddy</u> 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"/> The Permian Corp.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183, Houston, TX, 77001
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips 66 Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, TX, 79762
If well produces oil or liquids, give location of tanks. Unit <u>L</u> Sec. <u>36</u> Twp. <u>18</u> Rge. <u>30</u>	Is gas actually connected? When Yes 11/1/72 <i>Post ID-3</i>

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.

*A. W. Browning*  
(Signature)  
District Administrative Supervisor

(Title)  
March 20, 1986

(Date)

OIL CONSERVATION DIVISION

APPROVED APR 28 1986, 19 \_\_\_\_\_

BY Original Signed By  
Les A. Clements

TITLE Supervisor District II

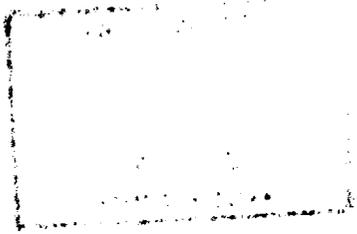
This form is to be filed in compliance with RULE 1104.

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.



REC-1000  
PDR 1  
MAGAZINE