

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

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O. C. D.
REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

I. Operator
Texaco Inc.

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

Reason(s) for filing (Check proper box)

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

Other (Please explain)
Effective October 1, 1986

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

II. DESCRIPTION OF WELL AND LEASE

| | | | | | |
|-------------------------------------------------------------------------------------------------------------|----------------------|----------------------------------------------------------|-----------------------------------------------|-----------------------|---------------------------|
| Lease Name State K 6096A | Well No. 1 | Pool Name, including Formation Cemetery-Morrow | Kind of Lease State, Federal or Fee | State State | Lease No. K6096 |
| Location | | | | | |
| Unit Letter <u>N</u> ; <u>1980</u> Feet From The <u>West</u> Line and <u>660</u> Feet From The <u>South</u> | | | | | |
| Line of Section <u>28</u> Township <u>19S</u> Range <u>25E</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 checked="" type="checkbox"/> Texaco Trading & Transportation Inc. 8306-4506 | Address (Give address to which approved copy of this form is to be sent) P.O. Box 6196, Midland, Texas 79711-0196 |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Southern Union Gas Co. | Address (Give address to which approved copy of this form is to be sent) P.O. Box 1419, Carlsbad, NM |
| If well produces oil or liquids, give location of tanks. | Is gas actually connected? Yes |
| Unit <u>N</u> Sec. <u>28</u> Twp. <u>19</u> Rge. <u>25</u> | When <u>09/05/75</u> |

*Part ID-3
10-10-86
chg. hT: PER*

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.

W. Browning
(Signature)
District Administrative Supervisor

(Title)

October 1, 1986

(Date)

OIL CONSERVATION DIVISION

OCT 8 1986

APPROVED _____, 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.