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CARLSBAD RESOURCE
AREA HEADQUARTERS

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

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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JUN 11 1987

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
ARTESIA, OFFICE

I. Operator
Texaco Producing Inc.

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

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain)
<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

NAME CHANGE IN TRANSPORTER

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	Lease No. K-6096
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, Eddy 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"/>	Address (Give address to which approved copy of this form is to be sent)
Texaco Trading & Transportation	P. O. Box 6196, Midland, TX 79711-1096
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)
Sunterra Gas Gathering Company	P. O. Box 26400, Albuquerque, NM 87125
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>N</u> Sec. <u>28</u> Twp. <u>19S</u> Rge. <u>25E</u>	Yes <u>9/5/75</u>

If this production is commingled with that from any other lease or pool, give commingling order number: 6-19-87

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.

397-3571

J. A. Howe
(Signature)
Hobbs Area Superintendent
(Title)
June 5, 1987
(Date)

OIL CONSERVATION DIVISION

APPROVED JUN 19 1987, 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.