

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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

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LAND OFFICE	
TRANSPORTER	CIL ✓ GAS ✓
OPERATOR	✓
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION  
REC'D BY [Signature] P.O. BOX 2088  
SANTA FE, NEW MEXICO 87501  
OCT 21 1986  
O.C.D. REQUEST FOR ALLOWABLE  
AND  
ARTESIA OFFICE  
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)

☐ New Well  
☐ Recompletion  
☐ Change in Ownership  
Change in Transporter of:  
☐ Oil  
☒ Casinghead Gas  
☐ Dry Gas  
☐ Condensate

Other (Please explain)

Effective 10/6/86

If change of ownership give name  
and address of previous owner

III. DESCRIPTION OF WELL AND LEASE

Lease Name D.D. Federal 24	Well No. 1	Pool Name, including Formation N. Dagger Draw Upper Penn	Kind of Lease State, Federal or Fee Fed	Lease No. NM-56227
Location Unit Letter <u>P</u> ; <u>990</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>East</u> Line of Section <u>24</u> Township <u>19S</u> Range <u>24E</u> , NMPM, <u>Eddy</u> County				

IV. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Crude Oil Purchasing Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Drawer 159, Artesia, NM
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Gas Company of New Mexico	Address (Give address to which approved copy of this form is to be sent) First International Bldg. Suite 1800, Dallas, TX
If well produces oil or liquids, give location of tanks.	Unit <u>P</u> Sec. <u>24</u> Twp. <u>19S</u> Rng. <u>24E</u> Is gas actually connected? <u>Yes</u> When <u>10/6/86</u> <u>75270</u>

If this production is commingled with that from any other lease or pool, give commingling order number: 10-24-86  
ADD 67: GNM

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.

[Signature]  
(Signature)  
District Administrative Supervisor  
(Title)  
October 17, 1986  
(Date)

OIL CONSERVATION DIVISION

APPROVED OCT 23 1986, 19  
BY  
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 allow-  
able 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 conditions.

Separate Forms C-104 must be filed for each pool in multi-  
completed wells.