STATE OF NEW MEXIC ENERGY AND MINERALS DEPAR DISTRIBUTION SANTA FE FILE U.S.O.A. LAND OFFICE TRANSPORTER OFERATOR PROBATION OFFICE I. Operator	RECE	-3 198 c. d.	REQUEST FOR ANTA FE, NEW	ALLOW	CO 87501 ABLE	N	Form C-104 Revised 10-01-78 Format 06-01-83 Page 1
Texacol Inc.			• 	<u></u>	<u></u>		·····
P.O. Box 728, Hobb	s, New I	Mexico	88240				· · · · · · · · · · · · · · · · · · ·
Reason(s) for filing (Check pro	per boxj				Other (Please	explain)	
New Weil Recompletion Change in Ownership		X ou		r Gas ndensate	Effecti	ve October 1, 198	36
If change of ownership give a	ane	·					
and address of previous own							······································
T DECOUVER OF WE		TACE					
I. DESCRIPTION OF WE	L AND LI	Well No.	Pool Name, Including Fo	rmation		Kind of Lease	Lease No.
Forty Niner Ridge	Ini+ TT	1	Forty Niner Rid		ne Springs	State, Federal or Fee	Federal NM-054382
and the second			TOLOT ILLION				
Location G	1980	Feel Fro	The North Lin	e and	980	Feet From TheEast	
Unit Letter;		220		30E	. NMPM	Eddy	County
Line of Section 21	Townshi	p 100	Kanda		, , , , , , , , , , , , , , , , , , , ,		· · · · · · · · · · · · · · · · · · ·
				C 15			
III. DESIGNATION OF T	RANSPOR	TER OF		LANDIANA	(Give address	to which approved copy of th	is form is to be sent)
Name of Authorized Transports						, Midland, Texas	
Texaco Trading & 7	ranspor	tation	Inc. 8302-9022	P.U.	BOX 0190	to which approved copy of th	
Name of Authorized Transporter of Casinghead Gas (X) or Dry Gas						Houston, TX 7700	
	1 lo			is gas a	ctually connect	ed? When	10-10-86
If well produces oil or liquids, give location of tanks.		J	.6 23S 30E		Yes	May 13, 1	1975 chg LiTi PEK
If this production is commin	gled with th	at from a	ay other lease or pool,	give com	mingling orde	r 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.

(Signature)

District Administrative Supervisor

october 1, 1986

(Date)

	CONSERVAT	rion divisio	N
APPROVED	OCT	8 1986	
BV	' Origina		
BY	Les A	. Clements	

TITLE _____Supervisor District I

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

If this is a request for allowable for a newly drilled or deepense well, this form must be accompanied by a tabulation of the deviation, tests taken on the well in accordance with AULE 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 flied for each pool in multip.y completed wells.