

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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**RECEIVED BY**  
**OIL CONSERVATION DIVISION**  
**APR 29 1986**  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501  
**O. C. D.**  
**ARTESIA, OFFICE REQUEST FOR ALLOWABLE**  
**AND**  
**AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

**I. Operator**  
Texaco 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 E. D. White Federal NCT-1	Well No. 1	Pool Name, including Formation Mason North Delaware	Kind of Lease State, Federal or Fee Federal	Lease No. LC-070898
<b>Location</b> Unit Letter <u>P</u> : <u>330</u> Feet From The <u>South</u> Line and <u>330</u> Feet From The <u>East</u> Line of Section <u>26</u> Township <u>26S</u> Range <u>31E</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"/> Western Oil Transportation Co., Inc.	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>P</u> Sec. <u>26</u> Twp. <u>26S</u> Rgs. <u>31E</u>	Is gas actually connected? <u>Yes</u> When <u>May 1, 1960</u> <i>Post # D-3 5-2-86 chg GT name</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.

*J. W. Browning*  
(Signature)  
District Administrative Supervisor  
(Title)  
March 20, 1986  
(Date)

**OIL CONSERVATION DIVISION**

**APPROVED** APR 30 1986, 19\_\_\_\_\_  
**BY** Original Signed By  
Les A. Clements  
**TITLE** Supervisor District II

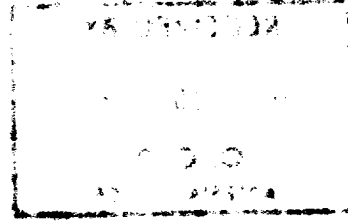
This form is to be filed in compliance with RULE 1104.

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.



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APR 24 1986  
HOBBS OFFICE