

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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MAY 02 1986

O. C. D.

ARTERIAL

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)	Other (Please explain)
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/> Condensate
Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas	To delete El Paso Natural Gas Co. as gas transporter.

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name Cotton Draw Unit	Well No. 65	Pool Name, including Formation Paduca Morrow Gas	Kind of Lease State, Federal or Fee	State State	Lease No. K-4562
Location Unit Letter <u>G</u> ; <u>1980</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>East</u> Line of Section <u>2</u> Township <u>25S</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 type="checkbox"/> or Condensate <input type="checkbox"/> None	Address (Give address to which approved copy of this form is to be sent)	
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)	
Texaco Inc.	P.O. Box 728, Hobbs, New Mexico, 88240 <u>Post ID: 5-9-86</u>	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected? <u>Yes</u> When <u>6-3-67</u> <u>into GT EPN</u>

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.

*AW Browning*  
(Signature)

District Administrative Supervisor

(Title)

April 23, 1986

(Date)

OIL CONSERVATION DIVISION

APPROVED MAY 9 1986, 19 \_\_\_\_\_

BY Original Signed By

Mike Williams

TITLE Oil & Gas Inspector

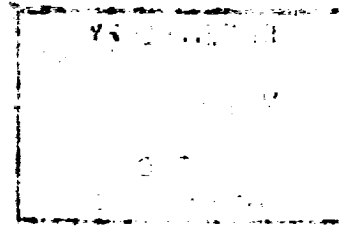
This form is to be filed in compliance with RULE 1104.

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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