

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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OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

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MAY 02 1986

OAGB
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)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Casinghead Gas	<input checked="" type="checkbox"/> Condensate	
<input type="checkbox"/> Change in Ownership			

Other (Please explain)
To delete El Paso Natural Gas 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. 68	Pool Name, Including Formation Paduca Wolfcamp South Gas	Kind of Lease State, Federal or Fee Federal	Lease No. NM0503
Location Unit Letter <u>F</u> ; <u>2310</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>West</u> Line of Section <u>12</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 checked="" type="checkbox"/> Koch Oil Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1558, Breckenridge, Texas, 76024
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Texaco Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 728, Hobbs, New Mexico, 88240
If well produces oil or liquids, give location of tanks.	Unit <u>F</u> Sec. <u>12</u> Twp. <u>25S</u> Rge. <u>31E</u> Is gas actually connected? <u>Yes</u> When <u>5-2-77</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.

W. 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

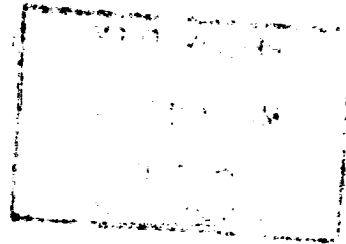
This form is to be filed in compliance with RULE 1104.

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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