

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-01-78
Format 06-01-83
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OPERATOR	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	

RECEIVED CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501
SEP - 5 1986
O. C. D. REQUEST FOR ALLOWABLE
ARTESIA, OFFICE 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 ☐ Change in Transporter of:
☐ Recompletion ☐ Oil ☐ Dry Gas
☐ Change in Ownership ☐ Casinghead Gas ☒ Condensate
Other (Please explain)
Effective September 1, 1986

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"/> Texaco Trading & Transportation Inc. 1075-1361	Address (Give address to which approved copy of this form is to be sent) P.O. Box 6196, Midland, TX 79711-0196
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>May 2, 1977</u> <u>Post ID-3</u>

If this production is commingled with that from any other lease or pool, give commingling order number: 12-19-86
NOTE: Complete Parts IV and V on reverse side if necessary. ch. LT: WOC

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)
August 28, 1986
(Date)

OIL CONSERVATION DIVISION
APPROVED SEP 12 1986, 19_____
BY Original Signed By
Let 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.