

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-01-78
Format 06-01-83
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OIL CONSERVATION DIVISION

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OCT -3 1986

SANTA FE, NEW MEXICO 87501

O. C. D.

REQUEST FOR ALLOWABLE
AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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
☐ Casinthead Gas
☐ Dry Gas
☒ Condensate

Other (Please explain)

Effective October 1, 1986

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|---------------|---|--|----------------------|
| Lease Name Salt Draw 11 Fed Com | Well No. 1 | Pool Name, including Formation Undesignated Morrow | Kind of Lease State, Federal or Fee Federal | Lease No. NMI3413 |
| Location Unit Letter <u>G</u> : <u>1880</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>East</u> Line of Section <u>11</u> Township <u>25S</u> Range <u>28E</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. 8305-9422 | Address (Give address to which approved copy of this form is to be sent) P.O. Box 6196, Midland, Texas 79711-0196 | | | | | |
| Name of Authorized Transporter of Casinthead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Llano, Inc. Transporter | Address (Give address to which approved copy of this form is to be sent) P.O. Box 1320, Hobbs, NM 88240 | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit G | Sec. 11 | Twp. 25S | Rge. 28E | Is gas actually connected? Yes | When 11/10/82 |

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.

District Administrative Supervisor

October 1, 1986

(Date)

OIL CONSERVATION DIVISION

APPROVED OCT 8 1986

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 all wells 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 multiphase completed wells.