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ARTESIA, OFFICESTATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENTForm C-104
Revised 10-01-78
Format 06-01-83
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OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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DISTRIBUTION	
AMTA FE	<input checked="" type="checkbox"/>
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AND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
PERATOR	<input checked="" type="checkbox"/>
ORATION OFFICE	<input checked="" type="checkbox"/>

Petitioner Texaco Producing Inc.✓	
Address P.O. Box 728, Hobbs, New Mexico, 88240	
Reason(s) for filing (Check proper box)	
<input checked="" type="checkbox"/> New Well	Other (Please explain)
<input type="checkbox"/> Recompletion	
<input type="checkbox"/> Change in Ownership	
Change in Transporter of:	
<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input checked="" type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate

Range of ownership give name
address of previous owner

DESCRIPTION OF WELL AND LEASE

Well Name "BD" Federal	Well No. 1	Pool Name, including Formation Brushy Draw Delaware	Kind of Lease State, Federal or Fee Federal	Lease No. NM41646
Location Unit Letter A : 990 Feet From The North Line and 880 Feet From The East				
Line of Section 26 Township 26S Range 29E, NMPM, Eddy County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Scurlock Oil Co.	511 N. Ohio, Suite 200, Midland, Texas, 79701
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Conoco, Inc.	P. O. Box 1267, Ponca City, OK 74603
Well produces oil or liquids, or location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
A 26 26S 29E	Yes 11-18-85

If 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.

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. B. C. L.

(Signature)

District Operations Manager

(Title)

January 29, 1986

(Date)

OIL CONSERVATION DIVISION

APPROVED FEB 13 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 IV 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.

Past ID-3
2-14-86
Add GT:CON



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