

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
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROMOTION OFFICE	

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"/> Dry Gas	Other (Please explain) Effective 12-01-86
<input type="checkbox"/> Recompletion	<input checked="" type="checkbox"/> Oil	<input type="checkbox"/> Condensate	
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinthead Gas		

If change of ownership give name and address of previous owner _____

I. DESCRIPTION OF WELL AND LEASE

Lease Name M. B. Weir "B"	Well No. 10	Pool Name, including Formation Monument Tubb	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter <u>P</u> ; <u>987</u> Feet From The <u>East</u> Line and <u>990</u> Feet From The <u>South</u>				
Line of Section <u>12</u> Township <u>20S</u> Range <u>37E</u> , NMPM. <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas New Mexico Pipeline Co. 0055-2314-0003	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2528, Hobbs, NM 88240
Name of Authorized Transporter of Casinthead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Corp.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1589, Tulsa, OK 74102

If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 12	Twp. 20S	Rge. 37E	Is gas actually connected? Yes	When 12/22/69
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If this production is commingled with that from any other lease or pool, give commingling order number: PC-243

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.

B. D. Haldridge
(Signature)
for Dist. Adm. Sup.
(Title)
January 27, 1987
(Date)

OIL CONSERVATION DIVISION

APPROVED FEB 3 1987, 19
BY Orig. Signed by Paul Kautz
Geologist
TITLE _____

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 conditions.
Separate Forms C-104 must be filed for each pool in multiple completed wells.

RECEIVED
JAN 29 1987
OCD
HOBS OFFICE