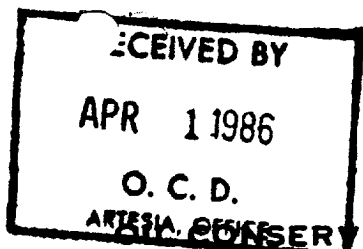


STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES REQUESTED	
DISTRICT OFFICE	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
DATA	<input checked="" type="checkbox"/>
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
REGISTRATION OFFICE	



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

Form C-104
Revised 10-01-78
Formal 05-01-83
Page 1

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)	Other (Please explain)
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate
Gas Transporter Name Change	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name North Benson Queen Unit	Well No. 40	Pool Name, including Formation North Benson Queen Grayburg	Kind of Lease State, Federal or Fee Federal	Lease No. LC028978B
Location Unit Letter <u>E</u> : <u>1820</u> Feet From The <u>N</u> Line and <u>820</u> Feet From The <u>West</u> Line of Section <u>34</u> Township <u>18S</u> Range <u>30E</u> , NMPM, <u>Edov</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> Texas-New Mexico Pipeline Company (0096-0861)	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2528, Hobbs, New Mexico 88240								
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None	Address (Give address to which approved copy of this form is to be sent) Post ID-3 5-9-86 Delete GT: PP								
If well produces oil or liquids, give location of tanks.	<table border="1"> <tr> <td>Unit</td> <td>Sec.</td> <td>Twp.</td> <td>Range.</td> </tr> <tr> <td>I</td> <td>28</td> <td>18S</td> <td>30E</td> </tr> </table>	Unit	Sec.	Twp.	Range.	I	28	18S	30E
Unit	Sec.	Twp.	Range.						
I	28	18S	30E						
Is gas actually connected?	When								
No									

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.

(Signature)
District Administrative Supervisor

March 20, 1986

(Date)

OIL CONSERVATION DIVISION

APPROVED MAY 9 1986, 19 _____
BY Original Signed By
Mike Williams
TITLE Oil & Gas Inspector

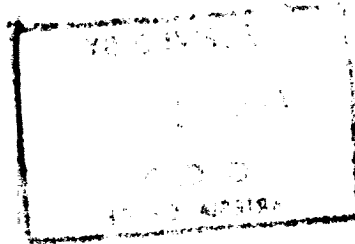
This form is to be filed in compliance with RULE 1104.

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.



RECEIVED
MAR 25 1986
C.C.D.
HOBBS OFFICE