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ARTESIA OFFICE  
OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

STATE OF NEW MEXICO

ENERGY AND MINERALS DEPARTMENT

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

# REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator Texaco Producing 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 checked="" type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate
Effective August 1, 1986	

If change of ownership give name and address of previous owner

## II. DESCRIPTION OF WELL AND LEASE

Lease Name Salt Mountain 25 Federal	Well No. 1	Pool Name, including Formation Brushy Draw Delaware	Kind of Lease State, Federal or Fee Federal	Lease No. NM-17225
Location Unit Letter 0 : 660 Feet From The South Line and 1980 Feet From The East Line of Section 25 Township 26S Range 29E, NMPM, Eddy 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"/> Navajo Refining Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 159, Artesia, NM 88210								
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Conoco, Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Drawer 1267, Ponca City, OK 74603								
If well produces oil or liquids, give location of tanks.	<table border="1"> <tr> <th>Unit</th> <th>Sec.</th> <th>Twp.</th> <th>Rge.</th> </tr> <tr> <td>0</td> <td>25</td> <td>26</td> <td>29</td> </tr> </table>	Unit	Sec.	Twp.	Rge.	0	25	26	29
Unit	Sec.	Twp.	Rge.						
0	25	26	29						
Is gas actually connected?	When 2-21-84								

Post ID-3  
8-1-86  
Chg HT: SAC

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.

*J. W. Browning*  
(Signature)  
Dist. Admin. Sup.

(Title)  
July 16, 1986

(Date)

## OIL CONSERVATION DIVISION

JUL 30 1986

APPROVED \_\_\_\_\_, 19

BY \_\_\_\_\_  
Original Signed By  
Les A. ClementsTITLE \_\_\_\_\_  
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 multip. completed wells.