

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL
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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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Texaco Inc.	
Address P.O. Box 723, 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"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate
Effective October 1, 1986	

Change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name .E. Roelofs Fed. NCT-1	Well No. 1	Pool Name, including Formation Todd Wolfcamp	Kind of Lease State, Federal or Fee Federal	Lease No. NM016663
Location Unit Letter <u>J</u> ; <u>1980</u> Feet From The <u>South</u> Line and <u>1800</u> Feet From The <u>East</u> Line of Section <u>21</u> Township <u>7S</u> Range <u>35E</u> , NMPM, <u>Roosevelt</u> County				

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

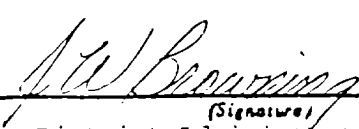
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texaco Trading & Transportation Inc. 1090-0441	Address (Give address to which approved copy of this form is to be sent) P.O. Box 6196, Midland, Texas 79711-0196
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Vented (Used on Lease)	Address (Give address to which approved copy of this form is to be sent)
Well produces oil or liquids, give location of tanks.	Unit <u>J</u> Sec. <u>21</u> Twp. <u>7S</u> Rge. <u>35E</u> Is gas actually connected? <u>No</u> When

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.

II. 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
(Title)
August 28, 1986
(Date)

OIL CONSERVATION DIVISION
SEP 29 1986
APPROVED _____, 19____
BY Ed W. Jan
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.