

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
	NAT
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 08-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. 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 September 1, 1986
<input type="checkbox"/> Recompletion	<input checked="" type="checkbox"/> Oil	<input checked="" type="checkbox"/> Condensate	
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas		

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Perry Federal	Well No. 4	Pool Name, including Formation Little Lucky Lake Morrow	Kind of Lease State, Federal or Fee Federal	Lease No. NM-0338-A
Location Unit Letter <u>A</u> : <u>660</u> Feet From The <u>North</u> Line and <u>990</u> Feet From The <u>East</u>				
Line of Section <u>29</u> Township <u>15S</u> Range <u>30E</u> , NMPM, <u>Chaves</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Texaco Trading & Transportation Inc. 1090-0586	Address (Give address to which approved copy of this form is to be sent) P.O. Box 6196, Midland, TX 79711-0196
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Cabot Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 50020, Amarillo, TX 79159
If well produces oil or liquids, give location of tanks. Unit <u>0</u> Sec. <u>29</u> Twp. <u>15S</u> Rge. <u>30E</u>	Is gas actually connected? <u>Yes</u> When <u>August 28, 1985</u>

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

(Title)
August 28, 1986

(Date)

OIL CONSERVATION DIVISION

APPROVED SEP 3 1986, 19

BY Edd W. Dean

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.