STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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U.B.G.B.		1-	1
LAND OFFICE		1-	-
TRANSPORTER	OIL		
	GAS		
OPERATOR			_
PROGATION OFFICE		1	_

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

I. AUTHORIZATION TO TRAI	NSPORT OIL AND NATURAL GAS	
Operator		
Texaco Inc.		
Address		
P. O. Box 728, Hobbs, New Mexico 88240		
Reason(s) for filing (Check proper box)	[Oth., (O)]	
New Well Change in Transporter of:	Other (Please explain)	
Recompletion Oil	Dry Gas	
Change in Ownership Casinghead Gas		
	Condensate show- Cogho gas Connection	
If change of ownership give name and address of previous owner		
or previous owner		
II. DESCRIPTION OF WELL AND LEASE		
Lease Name Well No. Pool Name, Including	Formation Kind of Lease	
Non Mani	Legae No.	
New Mexico BG St. NCT-1 9 Saunders Perm	O Upper Penn State, Federal or Fee State G-9560	
Unit Letter C : 660 Feet From The North		
- OOO reel from the HOLCH	ine and 2310 Feet From The West	
Line of Section 14 Township 14S Range	227	
, 110 Range	33E , NMPM, Lea County	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURA	AT CAS	
Name of Authorized Transporter of CII X or Condensate	Address (Give address to which approved copy of this form is to be sent)	
Tex-New Mex Pipeline		
Name of Authorized Transporter of Casinghead Gas 🛣 or Dry Gas	PO Box 2528, Hobbs, New Mexico 88240 Address (Give address to which approved copy of this form is to be sent)	
Warren Petroleum Corp.		
If well produces oil or liquids, Unit Sec. Twp. Rge.	PO Box 1589, Tulsa, OK 74102	
give location of tanks.	· ·	
1 - 1 22 (145, 33)		
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.		
	n .	
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION	
I hereby certify that the rules and regulations of the Oil Conservation Division have	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
been complied with and that the information given is true and complete to the best of	APPROVED	
my knowledge and belief.	1)	
397-3571	ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR	
337-3371	TITLE DISTRICT I SUPERVISOR	
Aa Heas	The fact that the second	
The state of the s	This form is to be filed in compliance with RULE 1104.	
(Signature)	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.	
Hobbs Area Superintendent	tests taken on the well in accordance with RULE 111.	
(Title)	All sections of this form must be filled out countries to	
June 5, 1987	I was and recompleted walls.	
(Date)	Fill out only Sections I. II. III. and VI for changes of owner,	
	well name or number, or transporter, or other such changes of condition.	

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