## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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BANTA FE		1	1
FILE		1	
U.S.G.S.			
LAND OFFICE		1-	
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PROBATION 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

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

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

I. AUTHORIZATION TO TRANS	SPORT 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)		
X New Well Change in Transporter of:			
	Dry Gas		
Change in Ownership Casinghead Gas C	Condensare show gas Connection date		
If change of ownership give name and address of previous owner			
II. DESCRIPTION OF WELL AND LEASE			
Lease Name   Well No. Pool Name, Including f	formation Kind of Lease Lease No.		
New Mexico BG St. NCT-1 10 Saunders Perm	O Upper Penn State, Federal or Fee State B-9560		
Unit Letter 0 : 990 Feet From The South Lin	ne and 1980 Feet From The East		
Line of Section 14 Township 14S Range	33E , NMPM, Lea County		
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL Name of Authorized Transporter of Cit or Condensate	L GAS Address (Give address to which approved copy of this form is to be sent)		
Tex-New Mex Pineline			
Name of Authorized Transporter of Casinghead Gas (S) or Dry Gas Address (Give address to which approved copy of this form is to be s			
Warren Petroleum Corp. PO Box 1589, Tulsa, OK 74102			
If well produces oil or liquids, Unit Sec. Twp. Rge.	Is gas actually connected? When		
qive location of tanks. M 22 145 33E	Yes 4/15/87		
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.	11		
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION		
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	APPROVED		
my knowledge and belief.	ORIGINAL SIGNED BY JERRY SEXTON		
397-3571	TITLE DISTRICT I SUPERVISOR		
10 Ho.	This form is to be filed in compliance with RULE 1104.		
(Signature) Hobbs Area Superintendent	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 MULE 111.		
(Title) June 5, 1987	All sections of this form must be filled out completely for allowable on new and recompleted wells.		
(Date)	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.		

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HOBBS OFFICE