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TEXACO Inc. Address P.O. Box 728 Hobbs Reason(s) for Filing (Check proper for New Well Recompletion Change in Ownership If change of ownership give name and address of previous owner DESCRIPTION OF WELL AND Lease Name Vacuum Graybur	Change in Transporter of: Oil Dry Casinghead Gas Cone LEASE Well No. Pool Name, Including	Formation Kind	Effecti Ese Name		ıse N
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above is true and complete to the best of my knowledge and belief. Assistant District Superintendent

January 4, 1973 (Date)

APPROVED	JAN 8 197	19
AC FROVED	Signed by	
BY	lee D. Ramey	
(F196) E	Dist. I, Supve	

This form is to be filed in compliance with RULE 1104.

If this is a request for silowable 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.