

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

Form C-104  
Revised 10-01-78  
Formal 08-01-83  
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OIL CONSERVATION DIVISION

P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RETURNED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.D.A.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATOR	
PERMITTING OFFICE	

I. Operator  
Texaco Producing 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
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

Other (Please explain)  
Change of Operator from Texaco Inc. to Texaco Producing Inc. Effective 01/01/87

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name Vacuum Grayburg San Andres Unit	Well No. 11	Pool Name, including Formation Vacuum Grayburg San Andres	Kind of Lease State, Federal or Fee State	Lease No. B-1306
Location Unit Letter N : 660 Feet From The South Line and 1980 Feet From The West Line of Section 1 Township 18S Range 34E NMPM Lea County				

CURRENTLY SHUT-IN

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Texas New Mexico Pipe Line Company	P.O. Box 2528, Hobbs, NM 88240
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
TEXACO Inc.	P.O. Box 728, Hobbs, NM 88240
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit F Sec. 2 Twp. 18S Rge. 34E	Yes 05/01/59

If this production is commingled with that from any other lease or pool, give commingling order number: CTB-73

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]*  
(Signature)

District Administrative Supervisor

(Title)

February 09, 1987

(Date)

OIL CONSERVATION DIVISION

APR 28 1987

APPROVED

BY

TITLE Geologist

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.

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APR 29 1987

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HOBBS OFFICE