

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF WELLS	
DATE	
SANTA FE	
FILE	
CAUSE	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROMOTION OFFICE	

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-21-73
Format C-104-3
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
TEXACO PRODUCING INC.
Address
P. O. Box 728, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

☐ New Well	Change in Transporter of:	Other (Please explain) Change of Operator from TEXACO INC. TO TEXACO PRODUCING INC. effective 6/1/85.
☐ Recompletion	☐ Oil ☐ Dry Gas	
☒ Change in Ownership	☐ Casinghead Gas ☐ Condensate	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Central Vacuum Unit	Well No. 96	Pool Name, including Formation Vacuum Grayburg San Andres	Kind of Lease State, Federal or Free State	Lease No. B-1306
Location Unit Letter <u>B</u> : <u>660</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>East</u> Line of Section <u>6</u> Township <u>18S</u> Range <u>35E</u> , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Mobil Pipe Line Company Texas N.M. Pipe Line Co. (0095-0799)	Address (Give address to which approved copy of this form is to be sent) P.O. Box 900, Dallas, TX 75221 P.O. Box 2528, Hobbs, N.M. 88240
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Phillips Petroleum Co. TEXACO Inc.	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, TX 79762 P.O. Box 728, Hobbs, N.M. 88240
If well produces oil or liquids, give location of tanks.	Unit <u>E</u> Sec. <u>31</u> Twp. <u>17S</u> Rge. <u>35E</u>
Is gas actually connected?	When <u>8/1/79</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.

W. B. L. L.

(Signature)

Operations Manager

(Title)

8/1/85

(Date)

OIL CONSERVATION DIVISION

APPROVED 8/1/85, 19 85

BY [Signature]
TITLE DISTRICT 1 SUPERVISOR

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 change of operator, name, or number, or transporter, or other such change.

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