

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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U.S.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 08-01-83
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)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas	Other (Please explain) Gas Transporter Name Change
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas		
<input type="checkbox"/> Change in Ownership	<input checked="" type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate		

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name State AN	Well No. 1	Pool Name, including Formation Vacuum Abo Reef	Kind of Lease State, Federal or Fee State	Lease No. E7653
Location Unit Letter <u>A</u> : <u>330</u> Feet From The <u>North</u> Line and <u>990</u> Feet From The <u>East</u> Line of Section <u>7</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 <input type="checkbox"/> or Condensate <input type="checkbox"/> Texas N.M. Pipeline Co. (0095-0498)	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2528, Hobbs, NM, 88240
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips 66 Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, TX, 79762
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
B 7 18S 35E	Yes Unknown

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.


(Signature)
District Administrative Supervisor

(Title)
March 20, 1986

(Date)

OIL CONSERVATION DIVISION

APPROVED APR 22 1986, 19 _____

BY _____ ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT SUPERVISOR

TITLE _____

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.