

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

DATE OF FILING	
FILE NO.	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
PRODUCTION OFFICE	

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

Form O-104
Revised 10/2/79
Format 06-0143
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator TEXACO PRODUCING INC.	
Address P. O. Box 728, Hobbs, New Mexico 88240	
Reason(s) for filing (Check proper box)	Other (Please explain)
☐ New Well ☐ Recompletion ☒ Change in Ownership	Change of Operator from TEXACO INC. TO TEXACO PRODUCING INC. effective 6/1/85.
Change in Transporter of: ☐ Oil ☐ Casinghead Gas	☐ Dry 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. 109	Pool Name, including Formation Vacuum Grayburg San Andres	Kind of Lease State, Federal or Fee State	Lease No. B-1031
Location				
Unit Letter I	2310	Feet From The South	Line and 660	Feet From The East
Line of Section 6	Township 18S	Range 35E	, 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 E Sec. 31 Twp. 17S Rge. 35E
Is gas actually connected?	When 8/1/79

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)

(Title)

(Date)

OIL CONSERVATION DIVISION

APPROVED 6/1, 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 allow-
able on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of
well name or number, or transportation of other such change of data.
Separate Form O-104 must be filed for each pool or multi-
completed wells.