## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE						
TRAMPORTER	OIL		Ŀ			
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PERATOR						
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## OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

Form C-104 Revised 10-01-78 Format 06-01-83 Page 1

## REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS						
Texaco Producing Inc.							
Address	<del></del>			<del></del>			
P.O. Box 728, Hobbs, New	Mexico	88240					!
Reesen(s) for filing (Check proper box)				Other (Please explain)			
Reseasietien	Change in Transporter el:  Change of Operator from Texaco Inc. to			o Inc. to			
Change in Ownership	Casingh	ead Cas	Dry Gas Condensate	Texaco	Producing I	nc. Effect	ive01 /01/87
If change of ownership give name and address of previous owner							
II. DESCRIPTION OF WELL AND LE		ol Neme, Includir	on Formation		Kind of Lease		
San Andres Unit	1 1	acuum Gray		Androg	State, Federal or	Fee Chaka	Lease No.
Location	1 34 1	-out. Cruy.	burg buri	Aidres		State	<u>B-1306-1</u>
Unit Letter J : 2630	Feet From T	- South	Line and	2630	Feet From The	Fact	
					_ 1 401 1 100 1 100 .	Dast	
Line of Section 1 Township	<u>18s</u>	Range	34E	, NMPM	Lea		County
III DESIGNATION OF TRANSPORT	TED OF OU	AND MATTI	0.47 C.46	₹			
Name of Authorized Transporter of CII or Condensate Address (Give address to which approved copy of this form is to be sent)  Name of Authorized Transporter of Casinghead Gas at Dry Gas Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)							
If well produces oil or liquids, que lecation of tanks.	Sec.	Twp. Rge.	ls gas a	ctually connecte	d? When		
If this production is commingled with the	it from any o	ther lease or po	ol, give com	mingling order	number:		<del></del>
NOTE: Complete Parts IV and V on			-				
VI. CERTIFICATE OF COMPLIANCE  I hereby certify that the rules and regulations of the Oil Conservation Division have		ave APPR	OIL CONSERVATION DIVISION APPROVED APR 2 8 1987				
been complied with and that the information given is true and complete to the best of my knowledge and belief.			BY	By Jan & lants			
				See 3			
1.10	•		TITLE		ogist		
This form is to be filed in compliance with RULE 1104.							
(Signature) District Admir		e Supervis	li well, t	his form must	est for allowable be accompanied rell in accordance	by a tabulation	of the devices
(Title)  All sections of this form must be filled out completely shie on new and recompleted wells.			-				
(Date)  Fill out only Sections I. II. and VI for changes of well name or number, or transporter, or other such change of cor				go of condition.			
			Se	perate Forms	C-104 must be	filed for each ;	ood in multiply

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