

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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| TRANSPORTER            | OIL |
|                        | GAS |
| OPERATOR               |     |
| PRODUCTION OFFICE      |     |

OIL CONSERVATION DIVISION  
P. O. BOX 2028  
SANTA FE, NEW MEXICO 87501

Form O-104  
Revised 10-01-78  
Format 06-01-82  
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 |
| <input type="checkbox"/> Recompletion                   | <input type="checkbox"/> Costinghead Gas | <input type="checkbox"/> Condensate |                                  |
| <input checked="" type="checkbox"/> Change in Ownership |  |                                     |                                  |

Other (Please explain)  
Change of Operator from TEXACO INC. TO TEXACO PRODUCING INC. effective 6/1/85.

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

II. DESCRIPTION OF WELL AND LEASE

|   |  |   |                              |
|---|--|---|------------------------------|
| Lease Name<br><u>Central Vacuum Unit</u>  | Well No.   Pool Name, including Formation<br><u>121   Vacuum Grayburg San Andres</u> | Kind of Lease<br><u>State, Federal or Fee</u> State | Lease No.<br><u>B-1113-1</u> |
| Location<br>Unit Letter <u>N</u> ; <u>400</u> Feet From The <u>South</u> Line and <u>2380</u> Feet From The <u>West</u> Line of Section <u>6</u> Township <u>18S</u> Range <u>35E</u> , NMPM, <u>Lea</u> County |  |   |                              |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|   |  |
|---|--|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/><br><u>Injection</u> | Address (Give address to which approved copy of this form is to be sent) |
| Name of Authorized Transporter of Costinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>            | Address (Give address to which approved copy of this form is to be sent) |
| If well produces oil or liquids, give location of tanks.  | Unit   Sec.   Twp.   Rge.   Is gas actually connected?   When            |

If this product on 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. Loh  
(Signature)  
\_\_\_\_\_  
District 1 Supervisor  
(Title)  
\_\_\_\_\_  
(Date)

OIL CONSERVATION DIVISION  
APPROVED 6/1, 19 85  
BY James L. Loh  
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 report 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 IV in instances of abandoned well name or number, or transporter or other such change of conditions.  
Separate Form O-104 must be filed for is in instances of multiple completed wells.