

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF LEASES INTERESTED	
DISTRICT	
SANTA FE	
FILE	
U.S.U.S.	
LAND OFFICE	
TRANSPORTER	☐ OIL
	☐ GAS
OPERATOR	
PROMOTION OFFICE	

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form O-104
Revised 10-21-73
Format 06-01-61
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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)	Change in Transporter of:	Other (Please explain)
☐ New Well	☐ Oil	Change of Operator from TEXACO INC. TO TEXACO PRODUCING INC. effective 6/1/85.
☐ Recompletion	☐ Casinghead Gas	
☒ Change in Ownership	☐ Dry Gas ☐ Condensate	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Central Vacuum Unit	122	Vacuum Grayburg San Andres	State, Federal or Fee State	B-1031
Location	Unit Letter <u>O</u> : <u>340</u> Feet From The <u>South</u> Line and <u>1580</u> Feet From The <u>East</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 ☐ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)
Injection	
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	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 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. Loh

(Signature)

Production Manager

(Title)

6/1/85

(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 allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or operator, or transporter or other such change of condition.

Separate Form O-104 must be filed for each pool in multiple completed wells.