## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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PROBATION OFFICE			

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

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

AUTHORIZATION TO TRACE			
portion .			
Texaco Inc.			
direct			
P.O. Box 728, Hobbs, New Mexico 88240			
onson(s) for filing (Check proper box)	Other (Picese explain) Gas Transporter Name Change		
Now Well Change in Transparier of:	Gas Transporter Name Campe		
Recompletion Con	densete		
Change in Ownership 22 Casinghada Cas Com			
change of ownership give name			
d address of previous owner			
DESCRIPTION OF WELL AND LEASE			
DESCRIPTION OF WELL ATTO LEAVE   Well No.   Pool Name, including For	mation Kind of Lease No.		
West Vacuum Unit 33 Vacuum Graybur	eg San Andres State State B-871		
portion			
Unit Letter P : 660 Feet From The South Line	and 660 Feet From The Rast		
	County		
Line of Section 33 Township 17S Range 3	34E , NMPM, Lea County		
THE RESERVE AND ALL THE ALL TH	CAS		
IL. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL	Address (Give address to which approved copy of this form is to be sent)		
Kame of Authorities Transporter	P. O. Box 2528, Hobbs, NM 88240		
Texas NM Pipeline Co.  Name of Authorized Transporter of Casinghead Gds (V) or Dry Gas (	Address (Give address to which approved copy of this form is to be sent)		
	4001 Penbrook, Odessa, TX 79762		
Phillips 66 Natural Gas Co. Unit Sec. Twp. Res.	Is gas actually connected? When		
If well produces oil or liquids, give location of tanks.	Yes n/a		
f 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	OIL CONSERVATION DIVISION		
	APR 2 9 1986		
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	APPROVED		
ny knowledge and belief.	BY ONGOINE SIGNES OF ISOSY CENTRE		
	DISTRICT   SUPERVISOR		
, , 0 .	TITLE		
14/3	This form is to be filed in compliance with RULE 1104.		
J. W. K. Powning	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		
District Administrative Supervisor	tests taken on the well in accordance with AULE 111.		
(Tule)	All sections of this form must be filled out completely for allow-		
March 20, 1986	able 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.		
(Date)			
V	Separate Forms C-104 must be filed for each pool in multiply		
	i completed wells.		

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