

STATE OF NEW MEXICO  
OIL AND MINERALS DEPARTMENT

Form C-104  
Revised 10-01-78  
Format 08-01-83  
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OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

IF COPIES RECEIVED	
DISTRIBUTION	
TAPE	
S.A.	
NO OFFICE	
TRANSPORTER	OIL
	GAS
PERATOR	
REGISTRATION OFFICE	

Operator  
Texaco Producing Inc.

Address  
P.O. Box 728, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

- ☐ New Well  
☐ Recompletion  
☐ Change in Ownership

Change in Transporter of:

- ☐ Oil ☐ Dry Gas  
☐ casinghead Gas ☐ Condensate

Other (Please explain)

Change of Operator from Texaco Inc. to  
Texaco Producing Inc. Effective 01/01/87

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name West Vacuum Unit	Well No. 35	Pool Name, including Formation Vacuum Grayburg San Andres	Kind of Lease State, Federal or Fee State	Lease No. B-871
Location Unit Letter <u>N</u> : <u>660</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u> Line of Section <u>34</u> Township <u>17S</u> Range <u>34E</u> , NMPM, <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas New Mexico Pipe Line Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2528, Hobbs, New Mexico 88240
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips 66 Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, Texas 79762
If well produces oil or liquids, give location of tanks.	Is gas actually connected? <u>Yes</u> When <u>N/A</u>

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.

*[Signature]*  
(Signature)

District Administrative Supervisor

(Title)

February 09, 1987

(Date)

OIL CONSERVATION DIVISION

APPROVED

BY

TITLE Geologist

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 owner,  
well name or number, or transporter or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply  
complected wells.

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APR 22 1987  
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