

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF POOLS INCLUDED	
DISTRICT	
COUNTY	
FILE	
U.S.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form O-104
Revised 10-01-78
Formal 09-01-83
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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)	Other (Please explain)
☐ New Well ☐ Recompletion ☒ Change in Ownership	Change of Operator from TEXACO INC. TO TEXACO PRODUCING INC. effective 6/1/85.
Change in Transporter of: ☐ Oil ☐ Casinghead Gas	☐ Dry Gas ☐ Condensate

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Central Vacuum Unit	Well No. 91	Pool Name, including Formation Vacuum Grayburg San Andres	Kind of Lease State, Federal or Fee State	Lease No. B-155
Location				
Unit Letter N	: 660	Feet From The South	Line and 1980	Feet From The West
Line of Section 36	Township 17S	Range 34E	, NMPM, Lea County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Mobil Pipe Line Company Texas N.M. Pipe Line Co. (0095-0799)	Address (Give address to which approved copy of this form is to be sent) P.O. Box 900, Dallas, TX 75221 P.O. Box 2528, Hobbs, N.M. 88240					
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Phillips Petroleum Co. TEXACO Inc.	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, TX 79762 P.O. Box 728, Hobbs, N.M. 88240					
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 31	Twp. 17S	Rge. 35E	Is gas actually connected? Yes	When 8/1/79

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. L. L.

(Signature)

Oil Conservation Manager

(Title)

6/1/85

Date

OIL CONSERVATION DIVISION

APPROVED *[Signature]* JUL 1 9 1985, 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 pool name, name of authorized transporter or other such change of data.

Separate Form O-104 must be filed for each pool in this completed well.

RECEIVED

JUL 11 1985

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