STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT Form C-104 Revised 10-01-78 Format 06-01-83 -----OIL CONSERVATION DIVISION Page 1 SANTA PE P. O. BOX 2088 FILE U.S.G.S. SANTA FE, NEW MEXICO \$7501 LAND OFFICE OIL TRANSPORTER REQUEST FOR ALLOWABLE OPERATOR AND PROBATION OFFICE AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator Texaco Producing Inc. Address

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

 Reeson(s) for filing (Check proper box)

 Now Well
 Change is Transporter of:

 Recompletion
 Other (Picase explain)

 Gas Transporter Name Change

 Change is Ownership
 Cestingheed Gas

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

II. DESCRIPTION OF WELL AND LEASE

| Central Vacuum Unit | well 7 | | um Grayburg | | | Kind of Lecse State, Federal of Fee | State | Lease No. B-1722 |
|-------------------------|-----------|-------------|-------------|------------|---------|--|-------|---------------------|
| Unit Letter <u>E</u> ;; | 1980_Feet | From The _ | North Line | and | 621 | Feet From The | West | |
| Line of Section 30 | Tomship] | .7 <u>S</u> | Range | <u>35E</u> | , NMPM, | | Lea | County |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| Nome of Authorized Transporter of OL X or Condensate Authorized Cove address to which approved copy of this form is to be sent? MODILE Pipe Line Company Texas New Mexico Pipe Line Co. (0095-0799) P.O. Box 900, Dallas, Texas 75221 P.O. Box 2528, Hobbs, New Mexico 88240 | | | | | | |
|--|---------------------|-----------------------|-----|-------------|-----------------------------------|---|
| Name of Authorized Transporter of Casimaneoud Gas (Address (Give address to which a Phillips 66 Natural Gas Co. Texaco Inc. Address (Give address to which a 4001 Penbrook, Odessa P.O. Box 728, Hobbs. | | | | | | approved copy of this form is to be sense a, Texas 79762 |
| If well produces eil or liquida, give location of lanks. | : Uni • Е | ; Sec. 31 | 175 | 890. 35E | Is gas actually connected? Yes | ***** 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 autormanon given is true and complete to the best of my knowledge and belief.

(Signa District Administrative Supervisor

(Tile) March 20, 1986

(Date)

| OIL CONSERVATION DIVISION | | | | | | | |
|---------------------------|--|--|---|--|--|--|--|
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| APPROVED _ | | 1000 | |
|------------|----------------|------------------|--------|
| | HFR (| 1300 | |
| | SINAL SIGNED B | | ······ |
| TITLE | DISTRICT SL | IPERVISOR | |

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or despend 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 L. II. III, and VI for changes of owner, well asme or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each peel in multiply completed wells.



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