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STATE OF NEW MEXICO				
ENERGY AND MINERALS DEPARTMENT				
os ar corres sectives				
DISTRIBUTION				Form C-104
PILE	OIL CONSERVATION DIVISION			Period 10-01-78 Format 06-01-83
U.A.G.A.	P. O. BOX 2088 Page 1			
LAND OFFICE	SANTA FE. NEW MEXICO 87501			-
TRANSPORTER			/1	
T BAS				
OPERATOR	REQUEST FOR ALLOWABLE			
PROBATION OFFICE	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
I	AUTHORIZATION TO TR.	ANSPORT OIL AND NA		
Operator			I UNAL GAS	
Texaco Producine Inc.				
Address				
P.O. Box 728. Hobbs Nor				
P.O. BOX 728, HObbs, Net Reason(s) for filing (Check proper bax)	<u>Mexico 88240</u>			
New Well		Other /Pier	se esplainj	
- Recompletion	Change in Transporter of:		st cipiciaj	
		Dry Ges Gas Th	ransporter Name	- Chango
Change is Ownership	Casinghead Gas	Condensate		- Change
I change of any set in the) consensere		·
If change of ownership give name and address of previous owner				
I. DESCRIPTION OF WELL AND L	T I CD			
	LASE			
Central Vacuum Unit	Well No. Pool Name, Including	Formation	Kind of Lease	
Location	64 Vacuum Graybu	irg San Andres	State, Federal or Fed	Lease No.
1980 F 1980				State B-387
Unit Letter 1980	Feet From The North	Line and 1980		
		_ine and	Feet From The	West
Line of Section 31 Townshi	p 17S Range	255		
III DESIGNA		<u>35E</u> , NMPL	<u>4,</u>	Lea Course
III. DESIGNATION OF TRANSPORT	ER OF OIL AND MATTIN			Led County
None of Authorized Transporter of Cull X Mobile Pipe Line Company Texas New Mey York	or Condenagte	LL GAS		
		P.O. Boy 900	to which approved copy	of this form is to be sent;
Name of Authorized Transporter of Casinghe Phillips 66 Natural Gas Co. Texaco Inc.	ad Gas (2) or Dry Gas	1P.U. ROV 0500		
Texaco Inc.		Address (Give address		-X1CO 88240 (
If well produces oil or liquids, Unit		4001 Penbrook P.O. Box 728	Odessa, Texas	.79762
	Roe.	is gas actually connected	HODDS, New Mex	100 88240
E E	<u>31 175 35E</u>		• •••	
If this production is commingled with the NOTE: Complete Parts IV and IV	from any other lease or peol			8/1/79
NOTE: Complete Party IV and V		give commingling order	number:	
NOTE: Complete Parts IV and V on i	everse side if necessary.			
VI. CERTIFICATE OF COMPLIANCE		łt		
			DNSERVATION D	NICION
I hereby certify that the rules and regulations of the been complied with and that the information sime	he Oil Conservation Division 1			
been complied with and that the information given my knowledge and belief.	is true and complete to the best of	APPROVED	<u>APR 7 - 1</u>	986
, areage and benet.				. 19
		BYORIGINAL SI	GNED BY JERRY SE	WEOR
		TITLE DISTR	ICT I SUPERVISOR	
111K	•			
- g. a pau	TIM -	This form is to t	e flied in complianc	
(Signature)		If this is a reque	at for allowable (as	WITH AULE 1104.
District Administrativ	e Supervisor	well, this form must l	scrompanied by a	a bowly drilled or deepened tabulation of the deviation.
(Tiele)	1	rasts terai ou ING MO	U La accordance au	the deviation of the deviation
March 20, 1986				a aut completely for allow-
(Dete)		able on new and reco	mpieted wells.	and the start in the silon
		well name or number	tions L II. III, and	VI for changes of owner.
		Separate Forma /	- une portet, er other	VI for changes of owner, r such change of condition.
		completed wells.	must be filed	for each pool in multiply