## STATE OF NEW MEXICO ENERGY and MINERALS DEPARTMENT

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PROBATION CPPICE			

## OIL CONSERVATION DIVISION P. O. BOX 2086 SANTA FE, NEW MEXICO 87501

Form C-104 Rovised 10:01-78 Format 05-01-83 Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.			
Operator	•		
TEXACO PRODUCING INC.			
P. O. Box 728, Hobbs, New Mexico 88240			
Reason(s) for Isling (Check proper box)  Other (Please explain)			
New Weil Change in Transporter of:	Change of Operator from TEXACO INC. TO		
Recompletion OII Dry Gam TEXACO PRODUCING INC. effective 6/1/85			
Change in Ownership Casinghead Gas Condensate			
If change of ownership give name and address of previous owner			
II. DESCRIPTION OF WELL AND LEASE  [Legae Name   Well No.   Pool Name, Including F	AND LEASE   Weil No.   Pool Name, Including Formation   Kind of Lease   Lease No.		
Central Vacuum Unit 49 Vacuum Grayburg			
Location	J DOTT THE CO		
Unit Letter : 660   North Lin	e andFeet From The		
Line of Section 31 Township 17S Hange	35E , NMPM, Lea County		
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
Name of Authorized France control of City or Condensate Address (Give address to which approved copy of this form is to be sent)  Name of Address (Give address to which approved copy of this form is to be sent)  P.O. Box 900, Dallas, TX 75221			
Texas N.M. Pipe Line Co. (0095-0799)	P.O. Box 2528, Hobbs, N.M. 88240		
Name of Authorized Transporter of Casinghead Gas or Dry Gas 4001 Penbrook, Odessa, TX 79762  Phillips Petroleum Co.  TEXACO Inc.  P.O. Box 728, Hobbs, N.M. 88240			
If well produces oil or liquids, E 31 175 35E	Yes		
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	OIL CONSERVATION DIVISION		
I hereby certify that the rules and regulations of the Oil Conservation Division have	APPROVED 11 1 9 1995 19 85		
been complied with and that the information given is true and complete to the best of my knowledge and belief.	BY JULI Solon		
	TITLE DISTRICT I SUFERVISOR		
w.B. hh	This form is to be filed in compliance with MULE 1104.		
W.D. A.	If this is a request for silowable for a newly drilled or despense		
(Signature) Coloration Colorations Manager	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with AULE 111.		
(This)	All sections of this form must be filled out completely for allowable on new and recompleted wells.		
C 12.783	Fill out only Sections I. II. III. and VI for changes of own- well name or number, or transporter or other alon change of conditi.		
·	Separate Forms C-104 must be filed for each pool in multiple completed wells.		