

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

|                        |                              |
|------------------------|------------------------------|
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| SANTA FE               |                              |
| FILE                   |                              |
| U.S.G.S.               |                              |
| LAND OFFICE            |                              |
| TRANSPORTER            | <input type="checkbox"/> OIL |
| OPERATOR               | <input type="checkbox"/> GAS |
| PROBATION OFFICE       |                              |

I. Operator Texaco Inc. Prod. Inc.  
Address P. O. Box 728, Hobbs, NM 88240

|  |                             |
|--|-----------------------------|
| Reason(s) for filing (Check proper box)  | Other (Please explain)      |
| <input type="checkbox"/> New Well<br><input type="checkbox"/> Recompletion<br><input type="checkbox"/> Change in Ownership | Gas Transporter Name Change |

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

|  |                      |  |   |           |
|--|----------------------|--|---|-----------|
| Lease Name<br><u>H. L. Batton "A"</u>  | Well No.<br><u>1</u> | Pool Name, including Formation<br><u>Lovington Paddock</u> | Kind of Lease<br><u>State, Federal or Fee Fee</u> | Lease No. |
| Location<br>Unit Letter <u>E</u> ; <u>1653</u> Feet From The <u>North</u> Line and <u>330</u> Feet From The <u>West</u><br>Line of Section <u>5</u> Township <u>17S</u> Range <u>37E</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"/> | Address (Give address to which approved copy of this form is to be sent) |
| <u>Texas NM Pipeline Co. (0095-0384)</u>   | <u>P. O. Box 2528, Hobbs, NM 88240</u>                                   |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>    | Address (Give address to which approved copy of this form is to be sent) |
| <u>None</u>  |  |
| If well produces oil or liquids, give location of tanks.   | Unit Sec. Twp. Rge. Is gas actually connected? When                      |
| <u>E 5 17 37</u>   | <u>Yes 10/01/71</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.

J. W. Browning  
(Signature)  
District Administrative Supervisor  
(Title)  
05/21/86  
(Date)

OIL CONSERVATION DIVISION  
JUN 11 1986  
APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR  
TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deepens well, this form must be accompanied by a tabulation of the deviat... 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 ow... well name or number, or transporter, or other such change of conditio...  
Separate Forms C-104 must be filed for each pool in multi... completed wells.