

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-01-78
Format 06-01-83
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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PERMITS OFFICE	

I. Operator
Texaco Producing Inc.

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

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate	Other (Please explain) Change of Operator from Texaco Inc. to Texaco Producing Inc. Effective 01/01/87
<input type="checkbox"/> Recompletion		
<input type="checkbox"/> Change in Ownership		

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name New Mexico "O" State NCT-1	Well No. 14	Pool Name, including Formation Vacuum Abo North	Kind of Lease State, Federal or Fee State	Lease No. B-155-1
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Location
Unit Letter J : 1874 Feet From The South Line and 2086 Feet From The East

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 <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas New Mexico Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2528, Hobbs, NM 88240
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Texaco Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 728, Hobbs, NM 88240
If well produces oil or liquids, give location of tanks. Unit <u>0</u> Sec. <u>36</u> Twp. <u>17S</u> Rge. <u>34E</u>	Is gas actually connected? <u>Yes</u> When <u>06/01/63</u>

If this production is commingled with that from any other lease or pool, give commingling order number: PLC-4

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.

[Signature]
(Signature)
District Administrative Supervisor
(Title)
February 09, 1987
(Date)

OIL CONSERVATION DIVISION

APPROVED APR 30 1987 19 _____

BY [Signature]

TITLE Geologist

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 owner, well name or number, or transporter, or other such change of condition.

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