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OFERATION       AND         AND       AND         AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS         Cperated         TEXACO PFODUCING INC.         Address         P. O. Box 728, Hobbs, New Mexico 88240         Recompisition       Change in Transporter of:         New Veil       Change in Transporter of:         Recompisition       Change in Connership         Commer in Ownership       Cestingheed Gas         If change of ownership give name       Condensate         II. DESCRIPTION OF WELL AND LEASE       Vacuum Unit         Lease Name       Weil No.         Central Vacuum Unit       You Vacuum Grayburg San Andres	TRANSPORTER DIL	-	•					
AND AUTHORIZATION TO TRANSPORT CIL AND NATURAL GAS  Cperator  TEXACO PFODUCING INC.  Address P. O. Box 728, Hobbs, New Mexico 88240  Reston(s) for filing (Check proper box)  New Vell Change in Transporter of: Change in Transporter of: Change in Ownership Change in Ownership Cossingheed Gas Candensate  If change of ownership give name and address of previous owner  Weil No. Pool Name, including Formation Central Vacuum Unit 60 Vacuum Grayburg San Andres State B-1334			REQUEST FO	OR ALLOWA	BLE			
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TENACC PFODUCING INC.         Address         P. O. Box 728, Hobbs, New Mexico 88240         Resson(s) for filing (Check proper box)         New Vell         Change in Transporter of:         Precompletion         Other (Please explain)         Change of Operator from TEXACO INC. TO         TEXACO PRODUCING INC. effective' 6/1/8!         Change of ownership         Change of ownership give name         In dedress of previous owner         II. DESCRIPTION OF WELL AND LEASE         Lease Name         Central Vacuum Unit         60		AUTHOR	ZATION TO TRAN	SPORT CIL	AND NATL	RAL GAS		
TEMACO PPODUCING INC.         Address         P. O. Box 725, Hobbs, New Mexico 88240         Recompisition [] Onl [] Dry Gas         Precompletion [] Onl [] Dry Gas         Change of Operator from TEXACO INC. TO TEXACO PRODUCING INC. effective' 6/1/85         If change of ownership [ive name         If change of ownership give name         Ind address of previous owner         II. DESCRIPTION OF WELL AND LEASE         Lease Name         Central Vacuum Unit         60								
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P. O. Box 728, Hobbs, New Mexico 88240         Reconic) for filing (Check proper box)         New Well       Change in Transporter of:         Recompletion       Oil         Other (Please explain)         Change of Operator from TEXACO INC. TO         TEXACO PRODUCING INC. effective' 6/1/85         Change of ownership         Change of ownership give name         and address of previous owner         H. DESCRIPTION OF WELL AND LEASE         Lease Name         Central Vacuum Unit         60	TEMACO PRODUCING INC.							
Resson(s) for filing (Check proper box)       Charge in Transporter of:       Other (Please explain)         New Vell       Charge in Transporter of:       Charge of Operator from TEXACO INC. TO TEXACO PRODUCING INC. effective' 6/1/8!         Recompletion       Other (Please explain)       Charge of Operator from TEXACO INC. TO TEXACO PRODUCING INC. effective' 6/1/8!         Charge in Ownership       Cosinghead Gas       Condensate         If change of ownership give name and address of previous owner       Condensate         II. DESCRIPTION OF WELL AND LEASE       Vell No. Pool Name, including Formation         Lease Name       Vell No. Pool Name, including Formation         Central Vacuum Unit       Go Vacuum Grayburg San Andres								
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Recompletion     Oil     Dry Gas     TEXACO PRODUCING INC. effective 6/1/8!     Condensate     Condensate     Condensate     Condensate     Condensate     Mell No. Pool Name, including Formation     Central Vacuum Unit     Condensate     State     B-1334	New Vell	Change in	Transporter of:				OF TEXACO	TNC TO
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If change of ownership give name and address of previous owner	=					ERODUCING INC.	errective	= 0/1/85.
Central Vacuum Unit 60 Vacuum Grayburg San Andres Stote, Federal of Fee State B-1334	DESCRIPTION OF WELL AN							
					dres	. –	State	B-1334
C 1310 North 2535 West					25	τ	Vest.	-J
Line of Section 31 Township 17S Bange 35E , NMPM, Lea	Central Vacuum Unit C 131				· <u>···</u>	Feet From The		
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	Central Vacuum Unit	Feel From	n TheLi	ne and	·····	Feet From The Tea	<b>•</b>	County
Name of Authorized Transporter of Oll or Condensate Address (Give address to which approved copy of this form is to be sent) Injection	Central Vacuum Unit OCCELLON Unit Letter: Line of Section 31 Tox	Feel From	a TheLi	. 35E	·····	Feet From The Tea		County
Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)	Central Vacuum Unit 	Feet From wmship 17S	Bange	. 35E L GAS	, NMPM	Feet From The Lea	of this form is t	
If well produces oil or liquids, Unit Sec. Twp. Rgs. is gas actually connected? When give location of tanzs.	Central Vacuum Unit Central Vacuum Unit Unit Letter: Line of Section 31 Tou I. DESIGNATION OF TRANSI Come of Authorized Transporter of Oil Injection	PORTER OF O	a TheLi Bange DIL AND NATURA	L GAS	, NMPM	Feel From The Lea		o be senij

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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.

hib. hh

	(Signature)
 <u></u>	Manager
 6/1 %5	(Tille)

(Date /

OIL CONSERVATION DIVISION 198. 85 APPRO BY DISTRICT 1 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 despende well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 113.

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 transportenur other such change of conditions

Separate Forms C+104 must be filed for each pool in multiple completed weils.

RECEIVED JUL 11 1985