

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

Form OCM  
Revised 10/1/83  
Format 0601-60  
Page 1

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

TO: DIRECTOR	
DEPARTMENT	
SANTA FE	
FILE	
U.S.A.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

Operator <b>TEXACO PRODUCING INC.</b>	
Address <b>P. O. Box 728, Hobbs, New Mexico 88240</b>	
Reasons for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input checked="" type="checkbox"/> Change in Ownership	Change of Operator from TEXACO INC. TO <b>TEXACO PRODUCING INC. effective 6/1/85.</b>
Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Central Vacuum Unit</b>	Well No. <b>56</b>	Pool Name, including Formation <b>Vacuum Grayburg San Andres</b>	Kind of Lease State, Federal or Fee <b>State</b>	Lease No. <b>B-1565</b>
Location Unit Letter <b>C</b> ; <b>1310</b> Feet From The <b>North</b> Line and <b>2630</b> Feet From The <b>West</b> Line of Section <b>36</b> Township <b>17S</b> Range <b>34E</b> , NMPM, <b>Lea</b> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<b>Injection</b>	
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)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When

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.

W. B. Loh  
(Signature)  
\_\_\_\_\_  
(Title)  
\_\_\_\_\_  
(Date)

OIL CONSERVATION DIVISION

APPROVED JUL 1 1985

BY [Signature]  
TITLE **DISTRICT 1 SUPERVISOR**

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

Separate Form OCM must be filed for each pool in multiple completed wells.