STATE OF NEW MEXICO

ENERGY AID MINERALS CEPARTMENT

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LAND OFFICE		,	i
TRANSPORTER	316	İ	Ī
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OPERATOR		1	
PROBATION OFFICE			

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

Form C-104 Pavised 10 01 73 Format 06-01-83 Page 1

REQUEST FOR ALLOWABLE

AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS I.				
Operator				
TEXACO PRODUCING INC. Address P. O. Box 728, Hobbs, New Mexico 88240				
Reason(s) for filing (Check proper box)	Other (Please explain)			
New Well Change in Transporter of:	Change of Operator from TEXACO INC. TO			
Recompletion Oil Dr	TEXACO PRODUCING INC. effective 6/1/85.			
Change in Ownership Casinghead Gas Ca	ondensate			
If change of ownership give name and address of previous owner				
II. DESCRIPTION OF WELL AND LEASE	•			
Central Vacuum Unit West No. Pool Name, Including F				
Location D 1310 North Unit Letter From The Lin	1238 West			
Line of Section 30 Township 17S Range	35E Lea County			
Name of Authorized Transporter of CII or Condensate Injection Name of Authorized Transporter of Casinghead Gas or Dry Gas If well produces of or Ilquids, que location of tanks.	Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) 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.	APPROVED 6/1, 19 85			
w.b. hh	TITLE DISTRICT 1 SUFERVISOR This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or despends			
Cierriat Prorotions Manager	well, this form must be accompanied by a tabulation of the deviation tasts taken on the well in accordance with RULE 111.			
6/1/85	All sections of this form must be filled out completely for siles- able on new and recompleted wells.			
Date/	Fill out only Sections I. U. III, and VI for changes of owner, well name or number, or transporten or other such change of condition. Separate Forms C-104 must be filed for each pool in muitiply completed wells.			