

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

DATE RECEIVED	
DISTRICT	
SANTA FE	
FILE	
U.S.U.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROMOTION OFFICE	

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

Form G-104
Revised 10-01-83
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)

☐ New Well	Change in Transporter of:	☐ Oil	☐ Dry Gas
☐ Recompletion		☐ Casinghead Gas	☐ Condensate
☒ Change in Ownership			

Other (Please explain)
Change of Operator from TEXACO INC. TO TEXACO PRODUCING INC. effective 6/1/85.

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Central Vacuum Unit	Well No. 141	Pool Name, including Formation Vacuum Grayburg San Andres	Kind of Lease State, Federal or Fee State	Lease No. B-155
Location Unit Letter <u>M</u> ; <u>10</u> Feet From The <u>South</u> Line and <u>1310</u> Feet From The <u>West</u> ; Line of Section <u>36</u> Township <u>17S</u> Range <u>34E</u> , NMPM, <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐ Injection	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	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)

Regional Operations Manager

(Title)

6/1/85

(Date)

OIL CONSERVATION DIVISION

APPROVED JUL 19 1985 19 85

BY [Signature]
TITLE DISTRICT 1 SUPERVISOR

This form is to be filled 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 Form G-104 must be filed for each pool in multiple completed wells.

RECEIVED

JUL 11 1985

222
HARRIS CENTER