## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT Ferm C-104 Revised 10-01-78 Format 05-01-63 OIL CONSERVATION DIVISION 0 10 T 0 10 1/T 100 Page 1 BANTA FE P. O. BOX 2088 FILE SANTA FE, NEW MEXICO 87501 ¥.3.4.4. ----DIL TRANSPORTER REQUEST FOR ALLOWABLE .... PERATOR AND PROBATION OFFICE AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator Texaco Producing Inc. Address Box 728, Hobbs, New Mexico 88240 P.O. Reason(s) for filing (Check proper box) Other (Please explain) Change in Transporter of: New Voli Change of Operator from Texaco Inc. to Dry Gas OII Recompietion Texaco Producing Inc. Effective 01/01/87 Condensate Casinghead Gas Change in Ownership If change of ownership give name and address of previous owner. **II. DESCRIPTION OF WELL AND LEASE** Well No. | Pool Name, Including Formation Kind of Lease Lease No. Leese Name Vacuum Grayburg Signa, Federal or Fee State Vacuum Grayburg San Andres 67 <u>B-870</u> San Andres Unit Location 2630 Feel From The South Line and 120 Feet From The West $\mathbf{L}$ Unit Letter , NMPM. County Lea 35 **17S** Range 34E Township Line of Section III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) or Condensets Name of Authorized Transporter of Oli 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 \_\_\_\_ Is gas actually connected? When Ree. Unst Sec. Twp. If well produces oil or liquids, give location of tanks.

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.

(Signaline, District Administrative Supervisor (Tule) February 09, 1987

(Date)

**OIL CONSERVATION DIVISION** 

APPROVED BY. Geologist TITLE \_\_\_\_

## 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.



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