

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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| | GAS |
| OPERATOR | |
| PRODUCTION OFFICE | |

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

Form C-104
Revised 10-01-78
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)

| | | |
|--|---|---|
| <input type="checkbox"/> New Well | Change in Transporter of: | Other (Please explain) Change of Operator from TI to TPI Effective 01/01/87 |
| <input type="checkbox"/> Recompletion | <input type="checkbox"/> Oil | |
| <input type="checkbox"/> Change in Ownership | <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 Texaco Inc.

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|---------------|--|---|---------------------|
| Lease Name Saunders K State Com. | Well No. 1 | Pool Name, Including Formation Eumont Queen | Kind of Lease State, Federal or Fee Federal | Lease No. B-1382 |
| Location Unit Letter <u>0</u> ; <u>760</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>East</u> Line of Section <u>18</u> Township <u>19S</u> Range <u>37E</u> , NMPM, <u>Lea</u> 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) |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| Northern Natural Gas Co. | 2223 Dodge St. Omaha, Nebraska 68102 |
| If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. Rge. Is gas actually connected? When |
| | Yes NA |

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. Browning
(Signature)

Dist. Adm. Sup.

(Title)

May 14, 1987

(Date)

OIL CONSERVATION DIVISION

APPROVED MAY 18 1987, 19____
BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I 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 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.

1. The first part of the document is a list of the names of the persons who have been appointed to the various positions of the Board of Directors of the Corporation.

2. The second part of the document is a list of the names of the persons who have been appointed to the various positions of the Board of Directors of the Corporation.