STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

DISTRIBUTION			
BANTA FE		1	
FILE			
U.S.G.S. '			
LAND OFFICE		1	
TRANSPORTER	CIL		
	GAS		
OPERATOR			
PRORATION 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

Separate Forms C-104 must be filed for each pool in multiply

REQUEST FOR ALLOWABLE			
AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS I.			
Operator Texaco Producing Inc.			
P.O. Box 728, Hobbs, New Mexico 88240			
	Change of Operator from TI to TPI Effective 01/01/87 Condensate		
If change of ownership give name Seya co Inc.			
H. DESCRIPTION OF WELL AND LEASE Legae Name J. W. Cooper 4 Eunice Monumen	t Grayburg San State, Federal or Fee Fee		
Unit Letter H : 1980 Feet From The North Lin	ne and 660 Feet From The East		
Line of Section 5 Township 20S Range	37E , NMPM, Lea County		
III, DESIGNATION OF TRANSPORTER OF OIL AND NATURAL Name of Authorized Transporter of Oil or Condensate	Address (Give address to which approved copy of this form is to be sent)		
Texas New Mexico Pipeline Co.	P. O. BOX 2528, Hobbs, NM 88240 Address (Give address to which approved copy of this form is to be sent)		
Warren Petroleum Corp.	P. O. Box 1589, Tulsa, OK 74102		
give location of tanks. B 5 20S 37E	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	OIL CONSERVATION DIVISION		
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 MAY 1 8 1987 , 19		
	ORIGINAL SIGNED BY JERRY SEXTON TITLE DISTRICT I SUPERVISOR		
JU Downing (Signatura)	This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or despens well, this form must be accompanied by a tabulation of the deviatio tests taken on the well is accordance with RULE 111.		
Dist. Adm. Sup. (Title)	All sactions of this form must be filled out completely for allowable on new and recompleted wells.		
May 14, 1987 (Date)	Fill out only Sections I. H. III. and VI for changes of owner wall name or number, or transporter, or other such change of conditions.		

completed walls.

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HORES OFFICE