

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	<input type="checkbox"/> OIL <input type="checkbox"/> 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

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:                          | <input type="checkbox"/> Dry Gas    |
| <input type="checkbox"/> Recompletion        | <input type="checkbox"/> Oil                       | <input type="checkbox"/> Condensate |
| <input type="checkbox"/> Change in Ownership | <input checked="" type="checkbox"/> Casinghead Gas |                                     |

Other (Please explain)

Change of Operator from Texaco Inc. to  
Texaco Producing Inc. Effective 01/01/87

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name C. H. Weir "B"	Well No. 5	Pool Name, including Formation Skaggs Glorieta	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter <u>G</u> : <u>1650</u> Feet From The <u>East</u> Line and <u>1980</u> Feet From The <u>North</u> Line of Section <u>11</u> Township <u>20S</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 checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Shell Pipeline Corp.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1910, Midland, TX 79702
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Corp.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1589, Tulsa, OK 74102
If well produces oil or liquids, give location of tanks. Unit <u>H</u> Sec. <u>11</u> Twp. <u>20S</u> Rge. <u>37E</u>	Is gas actually connected? <u>Yes</u> When <u>Not available</u>

If this production is commingled with that from any other lease or pool, give commingling order number: PC-70

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. Branning  
(Signature)  
District Administrative Supervisor

(Title)  
February 09, 1987

(Date)

OIL CONSERVATION DIVISION

APPROVED

APR 21 1987

BY

TITLE Geologist

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.

RECEIVED  
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