STATE OF NEW MEXICO ENERGY MO MINERALS DEPARTMENT	r .							Irm C-104		
0474 10 UT 10H 64474 7E FILE U.S.O.A.	A FE P. O. BOX 2088							Wised 10-01-78 Irmat 05-01-63 Ige 1		
LAND OFFICE OIL TRANSPORTER OIL TRANSPORTER OIL OPERATOR OAA PROBATION OFFICE AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS										
Constant Texaco Producing Inc.										
P.O. Box 728, Hobbs, New Mexico 88240 Reesen(s) for filing (Check proper box) [Other (Please explain)]										
					Change of Operator from Texaco Inc. to Texaco Producing Inc. Effective 01/01/87					
S change of ownership give name and address of previous owner II. DESCRIPTION OF WELL ANI Lesse Name		Pool Name,	Including F	ormation		Kind of Leas			egse No.	
Skaggs Grayburg Unit				g		State, Federa	tor Fee F	ee		
Location I ; 660	Feet Fn	Ea	st L u	•• end	980	Feet From '	South	1		
Line of Section 12 Town	nship 20-	-S	Range	3′	7-е . Мм	РМ,]	ea		County	
IL DESIGNATION OF TRANSP	ORTER OF		IATTIRA	GAS						
Name of Authorized Transporter of Oll INJECTION		Condenacte			Give addres	s to which appro	ved copy of this	form is to be	IERL)	
Hame of Authorized Transporter of Cast	ingheed Gas [er Dry G	ies 🖸	Addrees (Give addres	s to which appro	red copy of this	form is to be	tent)	
If well produces all or liquide, give location of tanks.	Unit Sec	:. Twp.	Res.	ls gas ac	ually conne	icted 7 ₁ Whi 1	n			
If this production is commingled with NOTE: Complete Parts IV and V	_			give com	ungling or	der number: 	<u> </u>	<u> </u>		
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.				APPR	DVED					
					Ge	1.	· / lack	/		

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(Signature) District Administrative Supervisor

(This)

February 09, 1987 (Date)

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 is accordance with RULE 111. All sections of this form must be filled out completely for allow-able on new and recompleted wells.

Fill out only Sections 1. II. III. and VI for changes of owner, well name or number, or transpoters or other such change of condition. Separate Forms C-104 that be flied for each pool in multiply completed wells.

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