

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL
	GAS
OPERATOR	
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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)	Other (Please explain)
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change of Operator from Texaco Inc. to Texaco Producing Inc. Effective 01/01/87
Change in Transporter of: <input type="checkbox"/> Oil <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	

I. DESCRIPTION OF WELL AND LEASE

Lease Name C. H. Weir "A"	Well No. 8	Pool Name, including Formation Monument Tubb	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter <u>F</u> : <u>1980</u> Feet From The <u>West</u> Line and <u>1985</u> Feet From The <u>North</u> Line of Section <u>12</u> Township <u>20S</u> Range <u>37E</u> , NMPM, Lea 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"/> Texas New Mexico Pipeline Co. 0055-2314-0006	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2528, Hobbs, Nm 88240					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Co. Warren Pkt.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1492, El Paso, TX 79978					
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 12	Twp. 20S	Rge. 37E	Is gas actually connected? Yes	When 09-26-79

If this production is commingled with that from any other lease or pool, give commingling order number: PC-33

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.

[Signature]  
(Signature)  
District Administrative Supervisor  
(Title)  
February 09, 1987  
(Date)

OIL CONSERVATION DIVISION

APPROVED APR 21 1987, 19  
BY [Signature]  
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.

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