

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL	
	GAS	
OPERATOR		
PROBATION 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 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 checked="" type="checkbox"/> Oil <input checked="" type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate	Other (Please explain)
<input type="checkbox"/> Recompletion			
<input type="checkbox"/> Change in Ownership			

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name E. H. B. Phillips "B"	Well No. 1	Pool Name, including Formation Skaggs Drinkard	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter <u>F</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>West</u> Line of Section <u>10</u> Township <u>20S</u> Range <u>37E</u> , NMPM, <u>Lea</u> County				

Currently Shut-In

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texaco Trading & Transportation Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 6196, Midland, TX 79711-0196
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Texaco Producing Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 3000, Tulsa, Oklahoma 74102
If well produces oil or liquids, give location of tanks. Unit <u>F</u> Sec. <u>10</u> Twp. <u>20S</u> Rge. <u>37E</u>	Is gas actually connected? <u>Yes</u> When <u>March 2, 1987</u>

If this production is commingled with that from any other lease or pool, give commingling order number: PC-266

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.

B. D. Holdridge
(Signature)
Dist. Adm. Sup.
(Title)
August 21, 1987
(Date)

OIL CONSERVATION DIVISION

AUG 26 1987

APPROVED _____, 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.

RECEIVED

AUG 25 1987

OCD
HOBBS OFFICE