

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED	
DISTRICT	
SANTA FE	
FILE	
U.S.A.	
LAND OFFICE	
TRANSPORTER	OIL
OPERATOR	GAS
OPERATION OFFICE	

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 05-01-83
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)	Other (Please explain)
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Condensate Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate
Gas Transporter Name Change	

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 Monument Tubbs	Kind of Lease State, Federal or Fee 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				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
The Permian Corporation	P. O. Box 1183, Houston, TX 77001
Name of Authorized Transporter of Condensate Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Phillips 66 Natural Gas Company	4001 Penbrook, Odessa, TX 79762
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>F</u> Sec. <u>10</u> Twp. <u>20S</u> Rge. <u>37E</u>	Yes <u>03/09/65</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.

J. W. Browning
(Signature)
District Administrative Supervisor
(Title)
March 20, 1986
(Date)

OIL CONSERVATION DIVISION

APPROVED MAR 27 1986, 19 _____
BY _____
ORIGINAL SIGNED BY JERRY SEXTON
TITLE DISTRICT I SUPERVISOR

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 deviatoric 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.