

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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U.S.D.A.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATOR	
REGISTRATION 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 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	Effective August 13, 1986
Change in Transporter of: <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate	

Change of ownership give name  
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name L. R. Kershaw	Well No. 11	Pool Name, including Formation Eumont Yates Seven Rivers Queen	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter <u>E</u> <u>990</u> Feet From The <u>West</u> Line and <u>1654</u> Feet From The <u>North</u> Line of Section <u>13</u> Township <u>20S</u> Range <u>37E</u> , NMPM, <u>Lea</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
Shell Pipe Line Co.	P.O. Box 1910, Midland, TX 79702		
Name of Authorized Transporter of Casinghead 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)		
Texaco Producing Inc.	P.O. Box 3000, Tulsa, OK 74102		
Is well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. F 13 20S 37E	Is gas actually connected? Yes	When 11/09/81

This production is commingled with that from any other lease or pool, give commingling order number: PC-192

NOTE: Complete Parts IV and V on reverse side if necessary.

I. 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)  
October 8, 1986  
(Date)

OIL CONSERVATION DIVISION

OCT 10 1986

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY \_\_\_\_\_  
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

OCT 9 1986

O.C.U.  
HOBBS OFFICE