

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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S.O.S.	
AND OFFICE	
TRANSPORTER	OIL
	GAS
PERATOR	
NOATION 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 Producing Incorporated	
Address P.O. Box 728 Hobbs N.M. 88240	
Reason(s) for filing (Check proper box)	
<input type="checkbox"/> New Well	<input checked="" type="checkbox"/> Change in Transporter of:
<input type="checkbox"/> Recompletion	<input checked="" type="checkbox"/> Oil
<input type="checkbox"/> Change in Ownership	<input 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		Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Lease Name	Richer Tubb Gas Unit	4	Tubb (Dual String)	State, Federal or Fee Fee	
Location					
Unit Letter	T	2310	Feet From The South	Line and 810	Feet From The West
Line of Section	4	Township	22S	Range	37E
				County	

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

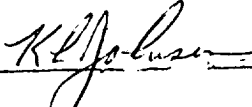
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Texaco Trading and Transportation	P.O. Box 6196 Midland Tx 79711
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Northern Natural Gas	2223 Dodge St Omaha Nebraska 68102
Is well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit	T
Sec.	4
Twp.	22S
Rge.	37E
Yes	9-22-60

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

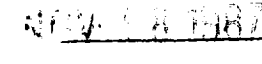
NOTE: Complete Parts IV and V on reverse side if necessary.

I. CERTIFICATE OF COMPLIANCE

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)  
Area Superintendent  
(Title)  
(Date)

OIL CONSERVATION DIVISION

APPROVED  19  
BY  
TITLE ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT 1 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 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 filled for each pool in multiply completed wells.

RECEIVED

NOV 17 1987

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HOBBS OFFICE