

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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	GAS
OPERATOR	
PRODUCTION 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 Producing Incorporated

Address
P.O. Box 728 Hobbs N.M. 88240

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain) change the name of E.A. Sticher Well # 4 Tubb (Dual String) to Sticher Tubb Gas Unit Well #4
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	
<input type="checkbox"/> Change in Ownership	<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 _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Sticher Tubb Gas Unit	Well No. 4	Pool Name, including Formation Tubb (Dual String)	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter <u>L</u> ; <u>2310</u> Feet From The <u>South</u> Line and <u>810</u> Feet From The <u>West</u> Line of Section <u>4</u> Township <u>22S</u> Range <u>37E</u> , NMPM, <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

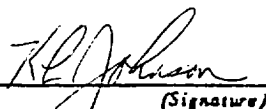
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Permian Corp.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1123 Houston, Tx. 77001	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Northern Natural Gas	Address (Give address to which approved copy of this form is to be sent) 2223 Dodge St Omaha Nebraska 68102	
If well produces oil or liquids, give location of tanks.	Unit <u>L</u>	Sec. <u>4</u>
	Twp. <u>22S</u>	Rge. <u>37E</u>
	Is gas actually connected?	When
	<u>Yes</u>	<u>9-22-60</u>

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.

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)

Area Superintendent

(Title)
JUL 9 1987

(Date)

OIL CONSERVATION DIVISION

APPROVED JUL 21 1987, 19

BY Orig. Signed by

Paul Kautz
Geologist

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.