

OIL CONSERVATION DIVIS. 1

Hobbs
P.O. Box 1980
Hobbs, NM 88240

Artesia
P.O. Drawer DD
Artesia, NM 88210

Aztec
1000 Rio Brazos
Aztec, NM 87410

NOTICE OF GAS WELL - CONNECTION / RECONNECTION / DISCONNECTION

This is to notify the Oil Conservation Division of the following:

Connection X First Delivery 1-6-89 55 MCF/D
Date Initial Potential

Reconnection _____ First Delivery _____
Date Initial Potential

Disconnection _____

for delivery of gas from the Texaco Producing Inc.
Operator

State N/A New Mexico, State "B" NCT-2
Land Type Oil Pipeline Lease

N/A 3 D 16, T23S, R36E
Meter Code Site Code Well No. Unit Letter S-T-R
Eunost Talmat
Pool

was made on 1-6-89
date

AOF

Choke

Texaco Producing Inc
Transporter

OCD use only

County Lea
Land Type
Status State

Liq. Transporter None

R.D. Mills, Sr. Gas Evaluator
Representative Name/Title
(Please type or print)

R.D. Mills
Representative Signature

Note: Submit in duplicate to the appropriate district office.

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION 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 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 type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

Other (Please explain)
Change of Operator from Texaco Inc. to Texaco Producing Inc. Effective 01/01/87

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name New Mexico "B" State NCT-2	Well No. 3	Pool Name, including Formation Jalmat Yates Gas	Kind of Lease State, Federal or Fee	Lease No. B-165
Location Unit Letter <u>D</u> : <u>660</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East West</u> Line of Section <u>16</u> Township <u>23S</u> Range <u>36E</u> , NMPM, <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
None	
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 Company	2223 Dodge St., Omaha, Nebraska 68102
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
	Yes Unknown

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.

Bill Browning
(Signature)
District Administrative Supervisor

(Title)
February 09, 1987
(Date)

OIL CONSERVATION DIVISION

APPROVED _____ 19____
BY Paul J. Rauter
TITLE Geologist

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
APR 23 1987
OCD
HOBBS OFFICE