## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT Form C-104 Revised 10-01-78 Format 06-01-83 DISTRIEUTION OIL CONSERVATION DIVISION Page 1 LANTA PE P. O. BOX 2088 PILE SANTA FE, NEW MEXICO 87501 V.5.8.A. LAND OFFICE OIL TRANSPORTER .... REQUEST FOR ALLOWABLE OPERATOR AND PROBATION OFFICE AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator Texaco Inc. Adress P.O. Box 728, Hobbs, New Mexico 88240 Reason(s) for filing (Check proper box) Other (Please explain) New Vell Gas Transporter Name Change OII Dry Gas Recembiguing ΓX Change in Ownership Cesinghead Gas Condenagte If change of ownership give name and address of previous owner, 134-**II. DESCRIPTION OF WELL AND LEASE** acce. Kind of Lease Lease Name Well No. | Pool Name, Including Formation Lease No. State, Federal or Fee Federal Cotton Draw Unit 19 Paduca Delaware LC-061936 Location (a) 660' N Feet From The <u>South</u> Line and <u>1980</u> \_ Feet From The <u>WEst</u> Unit Letter 25S 32E Lea 10 Range , NMPM, County Township Line of Section III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of OII or Condensate Texas-New Mexico Pipeline Company P.O. Box 2528, Hobbs, New Mexico, 88240

Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas Phillips 66 Natural Gas Company 4001 Penbrook, Odessa, Texas, 79762 Is gas actually connected? Unit Sec. Two. Ree. When If well produces oil or liquids, K 15 25S 32E give location of tanks. Yes 03-27-62

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) District Administrative Supervisor (Tule) March 20, 1986

(Date)

OI	MAY 6 - 10 5
8Y	ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR

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 1. 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.