

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.A.	
LAND OFFICE	
TRANSPORTER	OIL
OPERATOR	GAS
PRODUCTION OFFICE	

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 checked="" type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinthead Gas	

Other (Please explain):

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>A.B. Coates C</u>	Well No. <u>14</u>	Pool Name, including Formation <u>Justis Blinebry</u>	Kind of Lease State, Federal or Fee Fed LC-032650(B)	Lease No. <u>032650(B)</u>
Location Unit Letter <u>G</u> , <u>1650</u> Feet From The <u>North</u> Line and <u>2310</u> Feet From The <u>East</u>				
Line of Section <u>24</u> Township <u>25S</u> Range <u>37E</u> , NMPM, Lea 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"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Texas N.M. Pipeline Co. (0055-2308)</u>	<u>P.O. Box 2528, Hobbs, N.M. 88240</u>
Name of Authorized Transporter of Casinthead 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)
<u>El Paso Natural Gas Co.</u>	<u>P.O. Box 1492, El Paso, TX 79978</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? when
Unit <u>B</u> Sec. <u>24</u> Twp. <u>25S</u> Rge. <u>37E</u>	<u>Yes</u> <u>Unknown</u>

If this production is commingled with that from any other lease or pool, give commingling order number: R-1330A

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.

R. Frank Gray
(Signature)
Dist. Opr. Mgr.
(Title)
8/8/85
(Date)

OIL CONSERVATION DIVISION
AUG 16 1985, 19
APPROVED _____
BY _____
TITLE **OIL & GAS INSPECTOR**

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.