

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES ATTACHED	
DISTRICT OR	
SANTA FE	
FILE	
U.S.G.A.	
LAND OFFICE	
TRANSPORTER	<input type="checkbox"/> OIL <input type="checkbox"/> 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

Operator TEXACO PRODUCING INC.	
Address P.O. Box 728, HOBBS, NEW MEXICO 88240	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Casinthead 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 A.B. Coates C	Well No. 28	Pool Name, including Formation Justis Blinbry	Kind of Lease State, Federal or Fee Fed LC-082650 (B)
Location Unit Letter <u>F</u> : <u>1795</u> Feet From The <u>North</u> Line and <u>1795</u> Feet From The <u>West</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"/> Texas N.M. Pipeline Co. (0055-2308)	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2528, Hobbs, N.M. 88240
Name of Authorized Transporter of Casinthead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1492, El Paso, TX 79978
If well produces oil or liquids, give location of tanks. Unit <u>B</u> Sec. <u>24</u> Twp. <u>25</u> Rge. <u>37</u>	Is gas actually connected? <u>Yes</u> when <u>10/7/71</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

APPROVED _____, 19____
BY EDDIE SEAY
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.

RECEIVED

AUG 15 1985

O.C.D.
HOBBS OFFICE