STATE OF NEW MEXICO				Form C-104
P0. 67 29946 10227710	OIL CONSERVATION DIVISION			Revised 10-01-78 Format 06-01-83 Page 1
DISTRIBUTION	P. O. BOX 2088			
1L.E	SANTA FE, NEW MEXICO 87501			
AND OFFICE				
RANSPORTER GAS	REQUEST FOR	ALLOWABLE		
	AN AUTHORIZATION TO TRANSPO		TURAL GAS	
peretor				:
Texaco Producing Inc.	Mexico 88240			
P.O. Box 728, Hobbs, New	Mexico 88240	Other (Pl	ase explain)	
New Well Change in Transporter of: Recompletion .		Goa Effective September 1, 1986		
Change in Ownership	Casinghead Gas Con	densate	······································	
change of ownership give name d address of previous owner	-			
DESCRIPTION OF WELL AND L	EASE Weil No. Pool Name, Including For	rmation	Kind of Lease	Lease No.
Mexico "G"	2 Fowler Upper		State, Federal or Fee	State B1327
ocation		1020	For From The Nor	-th
Unit Letter F : 2308	_Feet From The West	and <u>1980</u>	Feet From TheNOI	
Line of Section 16 Townsh	ip 24S Range	37E , N	ирм, Lea	County
I. DESIGNATION OF TRANSPOR		GAS Address (Give addr	ess to which approved copy of t	his form is to be sentj
Name of Authorized Transporter of Oll		P.O. Box 61	96. Midland, TX 79	711-0196
Texaco Trading & Transportation Inc. 1563-0007		Address (Give address to which approved copy of this form is to be sens)		
El Paso Natural Gas Co.	P.O. Box 1492, El Paso, TX 79978			
If well produces oil or liquids, Ur give location of tanks.	F 16 24S 37E	Yes	Unknowr	
this production is commingled with t	hat from any other lease or pool,	give commingling (order number: PLC-11	
NOTE: Complete Parts IV and V o				
	OIL CONSERVATION DIVISION			
7. CERTIFICATE OF COMPLIANC	APPROVED SPAS 19			
hereby certify that the rules and regulations of the Oil Conservation Division have seen complied with and that the information given is true and complete to the best of		By Eddin W Sam		
ny knowledge and belief.		TITLE OIL	& GAS INSPECT	ØR
11.52 .		This form	is to be filed in compliance	with AULE 1104.
Signature	1)	I mall this form	request for allowable for a must be accompanied by a t the well in accordance with	abulation of the deviation
District Administrative Supervisor		All sections of this form must be filled out completely for allow- able on new and recompleted wells.		
August 28	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.			
(Date)			forms C-104 must be filed	
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