STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

96. 90 LOPICO DELL	****		
DISTRIBUTION			
BANTA FE			
FILE			
V.1.0.4.			L
LAND OFFICE			
TRANSPORTER	OIL		
	OAS		
OPERATOR			
PROBATION OFFICE		1	I

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

OPERATOR	AND)		
PROBATION OFFICE	AUTHORIZATION TO TRANSPO	ORT OIL AND NATURAL GAS		
I				
Operator		•		
TEXACO Producing Inc.				
Address No. 730 Hobbs New	Merico 88240			
P. O. Box 728, Hobbs, New	7 MCATOO STORY	Other (Please explain)		
Reason(s) for filing (Check proper box)	Change in Transporter of:	Change of Operator from Getty to	!	
Men Aeli		Gas TEXACO Producing Inc. 12/31/84	r	
Recompletion		densate		
X Change in Ownership				
If change of ownership give name and address of previous owner				
II. DESCRIPTION OF WELL AND I	Well No. Pool Name, Including For	mation Kind of Lease Fee	Lease No	
Ceaso Name		ix 7-Riv.Que of Federal or Fee		
Skelly Penrose "A" Un	THE 6 Hangire race			
Location	Feet From The South Line	and 660 Feet From The West		
Unit Letter L : 1980	Feet From The Double Line	and	_	
22 -	hip 22S Range	37E , NMPM, Lea	County	
Line of Section 33 Towns	hip ZZO			
III. DESIGNATION OF TRANSPO	PTER OF OIL AND NATURAL	GAS (this form is to	be sent!	
Name of Authorized Transporter of Oil	or Condensate	GAS Address (Cive address to which approved copy of this form is to	•	
Injection	-	dean of this form is to	be sent)	
Name of Authorized Transporter of Casino	ghead Gas or Dry Gas	Address (Give address to which approved copy of this form is to		
Name of Kullering		When		
	Jnii Sec. Twp. Rgs.	is gas actually connected? When		
If well produces oil or liquids,				
If this production is commingled with	that from any other lease or pool,	give commingling order number:		
If this production is commingled with	that from any other tools			
NOTE: Complete Parts IV and V	on reverse side if necessary.			
UIL CONSERVATION DIVISION				
VI. CERTIFICATE OF COMPLIANCE				
APPROVED Date II				
have complied with and that the information given is the and comp				
my knowledge and belief. DISTRICT 1 SUPERVISOR				
		TITLE BISTANCE TO SELECT		
, /		This form is to be filed in compliance with RULE	Z 1104.	
w.B. h.		il		
/Signatu	re)	well, this form must be accompanied by a tabulation of tests taken on the well in accordance with RULE 11		
District Operations Man	ager	Att sections of this form must be filled out comple	stely for allo	
March 27, 1985	,	shie on new and recompleted wells. Fill out only Sections I. II. III. and VI for charwell name or number, or transporter, or other such change.	nges of own:	
(Date	(Date) Well name or number, or transported. Separate Forms C-104 must be filed for each pool in mu			
		Separate Forms C-104 dide.		

RECHIVED

MAY 31 1983

HOE 35 CHARGE