

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

Form C-104  
Revised 10-01-78  
Format 08-01-83  
Page 1

|                       |             |
|-----------------------|-------------|
| NO. OF COPIES DESIRED |             |
| DISTRIBUTION          |             |
| SANTA FE              |             |
| FILE                  |             |
| U.S.S.S.              |             |
| LAND OFFICE           |             |
| TRANSPORTER           | OIL         |
|                       | NATURAL GAS |
| OPERATOR              |             |
| PRODUCTION OFFICE     |             |

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

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator: TEXACO Producing Inc.  
Address: P. O. Box 728, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box):  
 New Well  
 Recompletion  
 Change in Ownership  
 Change in Transporter of:  
 Oil  
 Casinthead Gas  
 Dry Gas  
 Condensate

Other (Please explain): Change of Operator from Getty to TEXACO Producing Inc. 12/31/84

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

|   |                       |   |   |           |
|---|-----------------------|---|---|-----------|
| Lease Name<br><u>West Dollarhide Drink. Unit</u>  | Well No.<br><u>64</u> | Pool Name, including Formation<br><u>Dollarhide Tubb-Drinkard</u> | Kind of Lease<br>State, Federal or Fee <u>FEE</u> | Lease No. |
| Location<br>Unit Letter <u>I</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>East</u><br>Line of Section <u>31</u> Township <u>24S</u> Range <u>38E</u> , NMPM, <u>Lea</u> 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"/><br><u>Texas New Mexico Pipeline Co. (0055-0703)</u> | Address (Give address to which approved copy of this form is to be sent)<br><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"/><br><u>El Paso Natural Gas Company</u>       | Address (Give address to which approved copy of this form is to be sent)<br><u>P.O. Box 1492, El Paso, Texas 79978</u> |
| If well produces oil or liquids, give location of tanks.<br>Unit <u>D</u> Sec. <u>32</u> Twp. <u>24S</u> Rge. <u>38E</u>   | Is gas actually connected? <u>Yes</u> When <u>NA</u>   |

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.

W. B. Loh

(Signature)

District Operations Manager

(Title)

April 2, 1985

(Date)

OIL CONSERVATION DIVISION

APPROVED 6/1, 19 85

BY James Lipton  
TITLE DISTRICT I SUPERVISOR

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 deviated tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for all wells 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 conditions.  
Separate Forms C-104 must be filed for each pool in multiple completed wells.