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U.S.O.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROMOTION 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  
 Casingshead 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 <b>A.B. Coates "C"</b>	Well No. <b>1</b>	Pool Name, including Formation <b>Justis-Glorieta</b>	Kind of Lease State, Federal or Fee <b>FED LC-032650</b>	Lease No.
Location Unit Letter <b>F</b> : <b>1980</b> Feet From The <b>North</b> Line and <b>1980</b> Feet From The <b>West</b> Line of Section <b>24</b> Township <b>25S</b> Range <b>37E</b> , NMPM, <b>Lea</b> Coun				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>Texas N.M. Pipeline Co. (0055-1239)</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 2528, Hobbs, N.M. 88240</b>				
Name of Authorized Transporter of Casingshead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <b>El Paso Natural Gas Co.</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 1492, El Paso, TX 79978</b>				
If well produces oil or liquids, give location of tanks.	Unit <b>B</b>	Sec. <b>24</b>	Twp. <b>25</b>	Rge. <b>37</b>	Is gas actually connected? When <b>Yes</b> <b>Unknown</b>

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 24, 1985  
 (Date)

OIL CONSERVATION DIVISION

APPROVED 6/1, 19 85  
 BY Jerry S. [Signature]  
 TITLE **DISTRICT 1 SUPERVISOR**

This form is to be filed in compliance with RULE 1104.  
 If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the devt tests taken on the well in accordance with RULE 111.  
 All sections of this form must be filled out completely for a well on new and recompleted wells.  
 Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of conditions.  
 Separate Forms C-104 must be filed for each pool in multicompleted wells.

RECEIVED

MAY 31 1985

O.C.D.  
HOBBS OFFICE