STATE OF NEW MEXICO NERGY AOM MINERALS DEPARTMENT

DISTRIBUTE	O×	-	ī
		1	1-
FILE	 	1	
V.S.O.A.	1		
LAND OFFICE		1	_
TRAMIPORTER	OIL		
	0 . 4		
OPERATOR			
	-		

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

Form C-104 Revised 10-01-78 Formal 05-01-83 Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

PADRATION CERNCE	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS							
peraiot								
TEXACO Producing Inc.	· · · · · · · · · · · · · · · · · · ·				•			
P. O. Box 728, Hobbs, Ne	w Mexico 88240							
reson(s) for liling (Check proper box)			·····	Other (Pleas	e explaint			
New Well	Change in Transport	er of:	1 -					
Recompletion	011		Dry Cas	I mysta on a Day 1				
Y Change in Ownership	Casinghead Gas		Condensal	Condenzate				
Change of ownership give name d address of previous owner								
DESCRIPTION OF WELL AND	LEASE							
ecse Name	Neil No. Fooi Nomie	, incivain	g Formation		Kind of Legan		Lecse No.	
last Eumont Unit	76 Eumont	Yates	7-Riv.	Queen	State, Federal or Fee	State	B-2736	
Unit Letter:	Feet From The	outh	Lin= and	660	Feet From The	est		
Line of Section 26	19S	Range	37E	, NMPM	, Lea		County	
L. DESIGNATION OF TRANSPOR	RTER OF OIL AND	NATUR	AL GAS					
exas New Mexico Pipe ine hell Pipeline Corp.	Co. (0055-1		P.O.	Box 2528	Hobbs, NM 8824	0	o be senij	
ame of Authorized Transporter of Casing	head Gas 🕎 er Dry	Cas 🗀			o which approved copy of		o be sentj	
arren Petroleum Corp.			P.O.	Box 1589,	Tulsa, OK 7410	12		
well produces oil or liquids, "Ur location of tanks.	E \$-26 T19	^{1 Rq} 37		estually connecte es	when			
his production is commingled with th	net from any other lex	se or poo	l, give con	mingling order	number:		<u> </u>	
TE: Complete Parts IV and V or	n reverse side if nece.	ssarv.						
			11	רווי רנ		40.01		
CERTIFICATE OF COMPLIANCE	L		OIL CONSERVATION DIVISION					
reby certify that the rules and regulations of complied with and that the information gr	of the Oil Conservation De	ivision hav	APPR	9/ FD		$\frac{6}{1}$	19 85	
knowledge and belief.	ven a due and complete te	o the best c	"∥ вү	JIM.	Meston			
,			TITLE	DISTRIC	T I SUFERVISOR			
w.b. hl	, _		T	is form is to	be filed in compliènce	with RULE	1104.	
(Signature)					et for allowable for a be accompanied by a i			
istrict Operations Manag	er		Tests t	aken on the w	ell in accordance with	RULE III.		
πωίε, April 4, 1985					his form must be filled empleted wells.	i out complet	sly for allow-	
(Date)			Fi well ne	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.