

STATE OF NEW MEXICO
 OIL AND MINERALS DEPARTMENT

Form C-104
 Revised 10-01-78
 Format 06-01-83
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OIL CONSERVATION DIVISION
 P. O. BOX 2088
 SANTA FE, NEW MEXICO 87501

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REQUEST FOR ALLOWABLE
 AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator
TEXACO Producing Inc.
 Address
P. O. Box 726, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate	
<input checked="" type="checkbox"/> Change in Ownership			

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

Change of ownership give name and address of previous owner _____

Well Name	Well No.	Foot Name, including Formation	Kind of Lease	Lease No.
<u>Last Eumont Unit</u>	<u>97</u>	<u>Eumont Yates 7-Riv. Queen</u>	<u>State, Federal or Fee State</u>	<u>B-2656</u>

Location
 Unit Letter J : 1980 Feet From The South Line and 1980 Feet From The East
 Line of Section 35 Township 19S Range 37E , NMPM, Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Texas New Mexico Pipe Line Co. (0055-1951)</u> <u>Well Pipeline Corp.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 2528, Hobbs, NM 88240</u> <u>P.O. Box 1910, Midland, TX 79702</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Warren Petroleum Corp.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1589, Tulsa, OK 74102</u>

Well produces oil or liquids, or location of tanks.
 Unit P Sec. 35 Twp. 19 Rge. 37
 Is gas actually connected? Yes When 1957

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.

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 4, 1985
 (Date)

OIL CONSERVATION DIVISION

APPROVED 6/1, 19 85
 BY [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 deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
 All sections of this form must be filled out completely for allowable 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.

RECEIVED
MAY 31 1985
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