STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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	V.S.O.A.			
	LAND OFFICE			
	ANSPORTER	OIL		\rightarrow
-		GAS		\dashv
	OPERATOR			\dashv
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7				

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

Form C-104 Revised 10-01-7: Format 06-01-80 Page 1

LAND OFFICE	SANTA FI	E, NEW MEX	ICO 87504		•
TRANSPORTER OIL	• .				
OPERATOR	REOUF	ST EOD ALLO			
PROMATION OFFICE	REQUEST FOR ALLOWABLE AND				
Operator	AUTHORIZATION TO	TRANSPORT O	L AND NATURAL GAS		
i i			- ATO NATURAL GAS		
TEXACO Producing Inc.					
P. O. Box 728, Hobbs,	None				
Reason(s) for liling (Check proper bo	New Mexico 88240				
New Well			Other (Please explain)	 -	
Recompletion	Change in Transporter of:		Change of Operati	or f	
Change in Ownership	Casingheod Gas	Dry Gaz	TEXACO Producing	Inc. 12 (2)	/ to
If change of ownership give name	7,000 008	Condensate		Inc. 12/31	./84
and address of previous owner					
II. DESCRIPTION OF WELL AN	D LEASE				
T. Anderson	Well No. Pool Name, Includ	ing For mation	Kind of Lease		
Location	3 Monument		1_	Foo	1
Unit Letter J : 217	73		1 succession of	rF. Fee	
Unit Letter J : 217	From The South	_Line and2	73	D- 1	
Line of Section 8 Town	alle 20c		Feet From The	Last	
III. DESIGNATION OF		37E	<u>, мирм,</u> Lea		
III. DESIGNATION OF TRANSPORTER OF OUT OF Shell District Processing Shell District Processing Shell District Processing P	ORTER OF OIL AND NATIO	RALCAS			
PINCII PINGIINE A		Ascress (GI	ve addenne		
Additioning framaporter of Canta	phond Co. The	P	De BOY 1010	copy of this form is t	o be se
Warren Petroleum Co.	chedd Gas C or Dry Gas	Address (Cu	O. Box 1910, Mi	dland, TX .	797n
I well produces oil as it.	Init Sec im	P.	D. Box 1500 m.	copy of this form is i	o be se
Totalian of lanks.	T	la que actua	D. Box 1589, Tu	<u>lsa, OK 74]</u>	L02
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OTE: Complete Parts IV and V	not not any other lease or poo	I, give comming	ling order number:	Unknown	
	" SEE SIME IT HELDERAM				
. CERTIFICATE OF COMPLIANC	E	11			
teby cenify that it			OIL CONSERVATION	DIVISION	
n complied with and that the information gi knowledge and belief.	ven is true and complete and	APPROVE	n 1		_
and belief.	and complete to the best of		11111	6/1	<u>85</u>
		BY_	2MJXINT	20	
W.B. he		TITLE_	DISTRICT I SUPERVISO	R	
W.D. ne	<u> </u>	1			
(Signature)		If this i	m is to be filed in compli	ance with RULE +	104
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pril 17, 1985 (Tule)					
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(Date)		Fill out	only Sections I. II. III. and another, or transporter, or transporter, or ot		, .ur #1
		Sanarara Sanarara	only Sections I, II, III, a number, or transporter, or ot Forms C-104 must be fit.	her such changes	of ow
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