

TONEY ANAYA

GOVERNOR

STATE OF NEW MEXICO

ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

HOBBS DISTRICT OFFICE

December 9, 1985



1935 - 198

POST OFFICE BOX 1980 HOBBS. NEW MEXICO 88240 (505) 393-6161

Texaco Producing Inc. P. O. Box 728 Hobbs, New Mexico 88240

Gentlemen:

Due to the recently submitted gas-oil ratio test for the Tubb zone in your State Q Well No. 1 located in Unit N of Section 36, T-21-S, R-37-E, it will be reclassified to gas effective January 1, 1986, and the oil allowable will be cancelled that date.

Please advise this office regarding the acreage dedication for the gas classification and whether or not the gas is separately metered in order that we may assign a gas allowable.

Yours very truly,

OIL CONSERVATION DIVISION

Jerry Sexton Supervisor, District 1

mc

STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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DISTRIBUTION			
SANTA FE			
FILE			
V.1.0.4.			
LAND OFFICE			
TRANSPORTER	OIL		
	DAG		
OPERATOR			
PROBATION OFFICE			

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

Form C-104 Revised 10-01-78 Format 06-01-83 Page 1

REQUEST FOR ALLOWABLE

OPERATOR AND				
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS				
I.				
•••				
TEXACO Producing Inc.				
P. O. Box 728, Hobbs, New	Mexico 88240			
Reason(s) for filing (Check proper box)		Other (Pleas	e explain)	
New Well	Change in Transporter of: Change of Operator from Getty to			
Recomplation	ou D	TEXACO	Producing Inc. 12/31/	84
Change in Ownership	Casinghead Gas C	ondensate		
If change of ownership give name and address of previous owner				
II. DESCRIPTION OF WELL AND LE	EASE			
Lease Name	Well No. Pool Name, Including F	ormation	Kind of Lease	Lease No.
State Q	l Blinebry Oil &	Gas	State, Federal or Fee State	B-8790
Location		•		
Unii Letter N : 660	Feel From The South Lin	ne and1980	Feet From The West	
36	210 8	37ti NMP)	. Lea	County
Line of Section 36 Townshi	p 21S Range	37E , NMP)		
III. DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL	L GAS		
Name of Authorized Transporter of Oil	or Condensate	Address (Give address	to which approved copy of this form is	so be sens)
Texas New Mexico Pipline	Co. (0055-0622)	P.O. Box 25	528, Hobbs, NM 88240	
Name of Authorized Transporter of Castnah		Address (Give address	to which approved copy of this form is	to be sent;
Texaco Producing Inc.		P.O. Box 3	000, Tulsa, OK 74102	
If well produces oil or liquids, Uni	E Sec. Twp. Rqe.	Is gas actually connec	i .	
give location of tanks.	N 36 215 37E	Yes	Unknown	
If this production is commingled with th	at from any other lease or pool,	give commingling order	er number:	
NOTE: Complete Parts IV and V on	equation side if necessary			
NOTE: Complete Parts IV and V on		11		
VI. CERTIFICATE OF COMPLIANCE			CONSERVATION DIVISION	
		APPROVED	6/1	85
I hereby certify that the rules and regulations of been complied with and that the information give	en is true and complete to the best of		114	
my knowledge and belief.	•	BY	1xillan	
		DISTRI	CT 1 SUFERVISOR	
	•	''''		
w.B. hl	<u></u>		o be filed in compliance with RUL	
(Signature)		If this is a rec	quest for allowable for a newly dril it be accompanied by a tabulation	of the deviation
		tests taken on the	well in accordance with RULE !!	11.
Tile)		All sections o	f this form must be filled out comp.	ietely for allow
May 24, 1985		Fill out only	Sections I. II. III. and VI for cha	inges of owner
(Date)		well name or number	er, or transporter, or other such chan	ge of condition
·	!	Separate Form completed wells.	is C-104 must be filed for each ;	ool iv wmmib:

MAY 81. 1985

STATE OF NEW MEXICO ENERGY NO MINERALS DEPARTMENT

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POITUGIATED			
SANTA FE			
PILE			
U.S.O.A.			
LAND OFFICE			
TRANSPORTER	DIL		
	BAB		
OPERATOR			
BROSATION OFFICE			

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

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

Separate Forms C-104 must be filed for each pool in multi; completed wells.

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

PROBATION OFFICE AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS				
I.				
Operator	•			
TEXACO Producing Inc.				
P. O. Box 728, Hobbs, New Mexico 88240				
Resson(s) for filing (Check proper box)	Other (Please explain)			
New Well Change in Transporter of:	Change of Operator from Getty to			
Recomplation OII Dry	TEXACO Producing Inc. 12/31/84			
	ndensate			
If change of ownership give name	,			
and address of previous owner				
II. DESCRIPTION OF WELL AND LEASE	ormation Kind of Lease Lease No.			
Lease Name Well No. Pool Name, Including Fo	Amation Kind of Lease Re			
State Q 1 Tubb Oil & Gas	Storie, Federal or Fee State B8790			
Location Unit Letter N 660 Feet From The South Line and 1980 Feet From The West				
	37E NMPM, Lea County			
Line of Section 36 Township 21S Range	J/L , IMFM, LCC			
THE RESIDENCE OF THE AND NATIONAL PROPERTY OF THE AND NATIONAL PROPERTY OF THE AND NATIONAL PROPERTY OF THE AND THE AN	CAS			
Name of Authorized Transporter of OIL OF Condensate C	Address (Give address to which approved copy of this form is to be sent)			
	P.O. Box 2528, Hobbs, N.M. 88240			
Texas N.M. Pipeline Co. (0055-0622) Name of Authorized Transporter of Casinghead Gas or Dry Gas	Address (Give address to which approved copy of this form is to be sent)			
	P.O. Box 3000, Tulsa, OK 74102			
TEXACO Producing Inc.	is gas actually connected? When			
If well produces oil or liquids, N 36 21S 3/E give location of tanks.	Yes Unknown			
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.	n.			
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION			
	APPROVED 6/1, 19 85			
I hereby certify that the rules and regulations of the Oil Conservation Division have	APPROVED, 19 05			
been complied with and that the information given is true and complete to the best of my knowledge and belief.	BY SUM XION			
my knowledge 2.0 south	DISTRICT I SUPERVISOR			
. / .	TITLE			
w.B. hh	This form is to be filed in compliance with RULE 1104.			
W. D.	If this is a request for allowable for a newly drilled or deepen			
(Signoture)	well, this form must be accompanied by a tabulation of the deviati tests taken on the well in accordance with RULE 111.			
District Operations Manager	All sections of this form must be filled out completely for all:			
(Tule)	able on new and recompleted wells.			
April 16, 1985	Fill out only Sections I. II. III. and VI for changes of own			
(Date)	well name or number, or transporter, or other such change of condition			