STATE OF NEW MEXICO ENERGY NO MINERALS DEPARTMENT

\$60 Carrott	S M	i	
BANTA PE			
FILE			
U.S.O.B.			
LAND OFFICE			
TRANSPORTER	DIL	i	
	0 4 4		
OPERATOR			
PROBATION OFFICE			

OIL CONSERVATION DIVISION P. O. BOX 2085

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE AND

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

Separate Forms C-104 must be filed for each pool in multiply

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
I			
Operator			
TEXACO Producing Inc.			
P. O. Box 728, Hobbs, New Mexico 88240			
Reason(s) for filing (Check proper box)	Other (Please explain)		
New Well Change in Transporter of:	Change of Operator from Getty to		
Recomplation Oil Dr	TEXACO Producing Inc. 12/31/84		
Change in Ownership Casinghead Gas Co	anden a die		
If change of ownership give name and address of previous owner			
II. DESCRIPTION OF WELL AND LEASE help No., For the processing for	ormation Kind of Lease Lease No		
Eugene Coats 3 Jalmat Yates			
Location			
M 660 South	660 West		
Line of Section Township 245 Range	36E , NMPM, Lea County		
Name of Authorized Transporter of OIL AND NATURAL Name of Authorized Transporter of OIL X or Condensate Shell Pipeline Company Name of Authorized Transporter of Costinghedd Gas X or Bry Gas El Paso Natural Gas Company If well produces of or Haude, P i 3 24S 36E	P.O. Box 1910, Midland, TX 79702 Address (Give address to which approved copy of this form is to be sent) P.O. Box 1492, El Paso, TX 79978 Is gos actually connected?		
If this production is commingled with that from any other lesse or pool, give commingling order number: R-663			
NOTE: Complete Parts IV and V on reverse side if necessary.	n.		
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.	BY DISTRICT I SUFERVISOR		
w. b. h.h	This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or despendently, this form must be accompanied by a tabulation of the deviation.		
(Signature)	tests taken on the well in accordance with RULE 111.		
District Operations Manager	Att sections of this form must be filled out completely for allow-		
April 12, 1985	able on new and recompleted wells.		
(Date) well name or number, or transporter, or other such change			

completed wells.