

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

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U.S.G.A.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator
TEXACO Producing Inc.

Address
P. O. Box 728, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)	Change in Transporter of:	Other (Please explain)
<input type="checkbox"/> New Well	<input type="checkbox"/> Oil	<u>Change of Operator from Getty to TEXACO Producing Inc. 12/31/84</u>
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Castinghead Gas	
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Condensate	

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Hobbs W</u>	Well No. <u>5</u>	Pool Name, including Formation <u>Chaveroo San Andres</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No. <u>K-1370</u>
Location				
Unit Letter <u>J</u>	<u>2310</u>	Feet From The <u>South</u>	Line and <u>1980</u>	Feet From The <u>East</u>
Line of Section <u>30</u>	Township <u>7S</u>	Range <u>34E</u>	NMPM, <u>Roosevelt</u>	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Mobil Pipeline Company</u>	<u>P.O. Box 900, Dallas, Texas 75221</u>
Name of Authorized Transporter of Castinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Cities Service Oil & Gas Corp.</u>	<u>P.O. Box 300, Tulsa, OK 74102</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	<u>A 30 7S 34E Yes 1/12/67</u>

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.

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.

W. D. Loh

(Signature)

District Operations Manager

(Title)

March 25, 1985

(Date)

OIL CONSERVATION DIVISION

APPROVED _____

6/1, 19 85

BY _____

DISTRICT 1 SUPERVISOR

TITLE _____

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 deviated 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 condition.

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

RECEIVED

MAY 31 1985

O.C.D.
HOSES OFFICE