## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

DISTRIBUTION		
SANTA FE		
FILE		
u.s.o.4.		
LAND OFFICE		
TRAMIPORTER	DIL	
	GAB	
OPERATOR		
PROBATION OFFICE		

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

Form C-104 Revised 10-01-78 Format 06-01-63 Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

PROKATION OFFICE	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) Change of Operato	r from Cetty to	
New Well	Change in Transporter of:	Change of Operato	- 12/31/84	
Recompletion	₩ ₩	1	g Inc. 12/31/84	
Change in Ownership	Cosingheod Gas Co	andens at a		
If change of ownership give name and address of previous owner				
II. DESCRIPTION OF WELL AND L	EASE	iking of Lease	Lease No	
Lease Name		7-Rivers Queen State, Federal	I —	
Cooper Jal Unit	104 Langlie Mattix	/-Rivers Queen state, realist.	5.74	
Location E 1980	North	660 Feet From Ti	West	
Unit Letter:	Feet From TheLin	e and		
18 Townsh	24S Bange	37E , NMPM,	Lea County	
Line of Section Towns	пр			
If well produces oil or liquids,	or Condensate	Address (Give address to which approve Address (Give address to which approve Is gas actually connected?  When	ed copy of this form is to be sent;	
give location of tanks.		give communating order number:		
If this production is commingled with t	hat from any other lease or pool,	give committee		
NOTE: Complete Parts IV and V o	n reverse side if necessary.			
	+	DIL CONSERVAT	ION DIVISION	
VI. CERTIFICATE OF COMPLIANC	Æ			
I hereby certify that the rules and regulations	of the Oil Conservation Division have	APPROVED June 1.	, 19	
been complied with and that the information given is true and complete to the best of				
my knowledge and belief.	DISTRICT 1 SUFERVISOR			
		TITLE DISTRICT T 30 EAS	1304	
		This form is to be filed in c	ompliance with RULE 1104.	
w.B. he	$\sim$	Trable to a request for allow	able for a newly drilled or despen-	
(Signature		well, this form must be accompan tests taken on the well in accord	ied by a tabulation of the deviation	
District Operations Mana	aer	All sections of this form mus	it be filled out completely for aller	
April 11, 1985		able on new and recompleted wells.  Fill out only Sections I. II. III. and VI for changes of owns well name or number, or transporter, or other such change of conditions.		
(Date)				
		Separate Forms C-104 must completed wells.	be filed for each pool in multip.	

RECEIVED

MAY 31 1985

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