	•				RECE	IVED BY	1	
					JUL	1 1985		
STATE OF NEW MEXICO			•			C. D.		
ENERGY AND MINERALS DEPARTMENT						IA, OFFICEorm C-10	2	
						Format 06	U1-76	
	OIL CONSERVATION DIVISION							
FILE VV	P. SANTA FE	0. 80)		CO 87501			•	
U.S.D.S.	SANIAFE	. NEW						
TRANSPORTER DIL								
DPERATOR	REQUE	ST FOR		ABLE				
PROBATION OFFICE	AUTHORIZATION TO	TRANSP	ORT OIL	AND NATU	RAL GAS			
TEXACO Producing Inc.								
Adaress								
P. O. Box 728, Hobbs, New	Mexico 88240							
Reeson(s) for filing (Check proper box)	Change in Transporter of: Change of: Change of:				of Operator	from Getty	to	
Aecompletion	OII Dry Gas TEXACO E							
X Change in Ownership	Casingheod Gas	<u> </u>	ndensate			- <u></u>	<u></u>	
If change of ownership give name and address of previous owner								
II. DESCRIPTION OF WELL AND LE	ASF							
Lease Name	Well No. Pool Name, Including Formation				Kind of Lease	_	Lease Nc	
Getty GC Fed Com	1 Pecos Slo	ope Ab	o		State, Federal or	FFD	NM54388	
Location				1000		Most		
Unit Letter C : 660	Feel From The North	Line	and	1980	Feet From The	west		
Line of Section 7 Township	P 65 Ro	inge	26E	, NMPM	Chaves		County	
III. DESIGNATION OF TRANSPORT	or Condensate	TURAL	GAS Address	(Give address	to which approved	copy of this form i	is so be sens)	
			1 .	_				
Name of Authorized Transporter of Casinghe	ad Gas or Dry Gas	<u>A</u> X	Address	(Give address	to which approved	copy of this form i	is to be sent)	
Transwestern Pipeline Co). Box 252	21, Houston	<u>, TX 77001</u>		
if well produces cil cr liquids,		Rge.				anuary 10,	1984	
give location of tanks.	<u>7 65</u>	26E				annary m.	Pact TA-3	
If this production is commingled with the							7-6.86	
NOTE: Complete Parts IV and V on	reverse side if necessar	ry.	1				Cha Up	
VI. CERTIFICATE OF COMPLIANCE				OIL C	ONSERVATIO	N DIVISION		
		ion have	APPR	OVED		_ 6/1	. 1985	
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				Vin	1 And	-		
my knowledge and belief.			BY		T I SUFERVI			
1		1	TITLE	DISHIR	CI I SOPERVI			
w. b. hh						npliance with RU		
			If this is a request for allowable for a newly drilled or despensively, this form must be accompanied by a tabulation of the deviation f					
(Signature) District Operations Manager			tests taken on the well in accordence with RULE 111.					
District Operations Manager (Tule)				All sections of this form must be filled out completely for allow able on new and recompleted wells.				
April 12, 1985			F	ti out only	Sections I. II. I	II. and VI for cl	hanges of owner	
(Date)						or other such cha e filed for each	ange of condition pool in multipl	
		[]		ted wells.			· · · · · · · · · · · · · · · · · · ·	

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