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|--|---------------------------------------|------------------------|---|---|-----------------|--|
| | | | | RECEIVEL BY | | |
| | | | | | | |
| STATE OF NEW MEXICO | | | | JUL 11985 | | |
| ENERGY AND MINERALS DEPARTMENT | | | | O. C. D. Form C-1 | | |
| | | | DUVISIO | ARTESIA, OFFICE Formal D | -01-78 01-83 | |
| BANTA FT | OIL CONSE | RVATION O. BOX 2088 | DIVISIO | Page 1 | | |
| PILE 4 | | NEW MEXI | CO 87501 | • | | |
| LAND OFFICE | • . | | | <i>•</i> | | |
| TRANSPORTER DIL | REQUEST FOR ALLOWABLE | | | | | |
| PROBATION OFFICE | | AND | | | | |
| I. | AUTHORIZATION TO T | RANSPORTOIL | AND NATUR | | | |
| Operator | | | • | | | |
| TEXACO Producing Inc. | ····· | | | | . <u></u> | |
| P. O. Box 728, Hobbs, New | Mexico 88240 | | | | | |
| Reason(s) for filing (Check proper box) | | | Other (Please explain) Change of Operator from Getty to | | | |
| New Well | Change in Transporter of: Oil | Dry Gas | | Producing Inc. 12/31/ | | |
| Recompletion X Change in Ownership | Casingheod Gas | Condensate | | - | | |
| | | | | | | |
| If change of ownership give name and address of previous owner | | | | | | |
| II. DESCRIPTION OF WELL AND LI | FASE | | | | | |
| Lease Name | Well No. Pool Name, Inclu | | | Kind of Lease | Lease No | |
| Getty P.S. 17 Fed Com | 1 Pecos Slo | pe abo | | Signe, Federal or Fee Fee | | |
| A 660 | North | Line and | 90 | _ Feel From The | | |
| Unit Letter;; | _ Feet From The | | | | | |
| Line of Section 17 Townshi | p 6S Ran | _{9e} 26E | , NMPM, | Chaves | County | |
| HI DESIGNATION OF TRANSDOD | | TIRAT CAS | | | | |
| III. DESIGNATION OF TRANSPOR | or Condensate | Andress | (Give address i | o which approved copy of this form is | to be sentj | |
| | | | TC | o which approved copy of this form is | to b@sent) | |
| Name of Authorized Transporter of Casingh | ad Gas or Dry Gas | Address 281 | 1 MM | Rough to tox | PSS-115 | |
| Ironsheeler Kipolle | IL Sec. Twp. R | | ctually connecte | | 87 | |
| If well produces oil or liquids, in give location of tanks. | · · · · · · · · · · · · · · · · · · · | THO . | V.sz. | 1-3-85 7-1 | -pp: | |
| If this production is commingled with th | at from any other lease or | r pool, give com | mingling order | number: | | |
| NOTE: Complete Parts IV and V on | reverse side if necessary | | | • | | |
| | | l | | ONSERVATION DIVISION | | |
| VI. CERTIFICATE OF COMPLIANCE | | | \square | 1 2 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 my knowledge and belief. | | | APPROVED | | | |
| | | | BY | | | |
| , | | TITLE | DISTRIK | T I SUFERVISOR | | |
| W. D. hl | , \ | | | be filed in compliance with RUL | | |
| | | | If this is a request for allowable for a newly drilled or despend well, this form must be accompanied by a tabulation of the deviation | | | |
| (Signature) District Operations Manag | | tests 1 | taken on the v | well in accordance with RULE 1 | 11. | |
| April 15, 1985 (Tule) | | able o | ll sections of n new and rec | this form must be filled out comp completed wells. | Tetera tot The | |

(Date)

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Fill out only Sections I. II. III. and VI for changes of owns well name or number, or transporter, or other such change of condition

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



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