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	(A) where (A)
STATE OF NEW MEXICO	Form C-104
ENERGY MO MINERALS DEPARTMENT	Format 06-01-83
	RVATION DIVISION Page 1
BANTA FE V. P.	C. BOX 2088
SANTA FE	NEW MEXICO 87501
LAND OFFICE	· ·
	AND
PHONATION OFFICE	RANSPORT OIL AND NATURAL GAS
1.	
TEXACO Producing Inc.	Ι ω
Address	-
P.O. Box 728, Hobbs, New Mexico 88240 Records) for filing (Check proper box)	Other (Please espiain)
New Well Change in Transporter of:	Change of Operator from Getty to TEXACO Producing Inc. 12/31/84
Recompletion Oil	
X Change in Ownership Casinghead Gas	Condensate
If change of ownership give name	
and address of previous owner	
II. DESCRIPTION OF WELL AND LEASE	Jackson-7-Rivers Sidte, Federal of Fee FFD 10-029420 (b)
1 IVU I moon Gra	vourg San Andres Side, Federal or Fee FED LC-029420 (b)
	west
Unit Letter Feet From The	LII Line and Feet From The
	INGE SIE NMPM, Eddy Courty
Line of Section . Switching	
III. DESIGNATION OF TRANSPORTER OF CIL AND NA	TURAL GAS
Name of Authorized Transporter of Cli Br Concensult	
Injection Name of Authorized Transporter of Casinghead Gas or Dry Gas	Acdress (Give address to which approved copy of this form is to be sent,
	Rce. is gas actually connected? , when
If well produces oil or liquids, Unit Sec. Twp.	
give location of tanks. If this production is commingled with that from any other lease	or pool, give commingling order number: PC-450
If this production is commingice with the from any of a f peretra	Post \$5
NOTE: Complete Parts IV and V on reverse side if necessa	OIL CONSERVATION DIVISION
VI. CERTIFICATE OF COMPLIANCE	MAY 29 1985
I hereby certify that the rules and regulations of the Oil Conservation Divis	sion have APPROVED
I hereby certify that the fulles and regulations of the out of the output of the been complied with and that the information given is true and complete to the my knowledge and belief.	BY BY LARRY BROOKS
	GEOLOGIST - NMOCD
	This form is to be filed in compliance with RULE 1104.
W. D. h.h.	If this is a request for allowable for a newly drilled or despense
	i tanta takan on the well in accordance with work it.
District Operations Manager	All sections of this form must be filled out completely for allow able on new and recompleted wells.
April 19, 1985	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.
(Date)	Separate Forms C-104 must be filed for each pool in multiply
	completed wells.