

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. BY OWNER RECEIVED		
DISTRIBUTION		
SANTA FE		<input checked="" type="checkbox"/>
FILE		<input checked="" type="checkbox"/>
U.S.G.S.		<input checked="" type="checkbox"/>
LAND OFFICE		<input checked="" type="checkbox"/>
TRANSPORTER	OIL	<input checked="" type="checkbox"/>
	GAS	<input checked="" type="checkbox"/>
OPERATOR		<input checked="" type="checkbox"/>
PRODUCTION OFFICE		<input checked="" type="checkbox"/>

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

RECEIVED BY
MAY 28 1985
O. C. D.
ARTESIA, OFFICE C-104
Format 06-01-83
Page 1

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)

<input type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain) Change of Operator from Getty to TEXACO Producing Inc. 12/31/84
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Lea "D"	Well No. 8	Pool Name, Including Formation Grayburg-Jackson-7-Rivers Queen-Grayburg-San Andres	Kind of Lease State, Federal or Fee FEDERAL-IC-029418	Lease No.
Location Unit Letter <u>E</u> : 1980 Line of Section <u>26</u> Township <u>17S</u> Range <u>31E</u> , NMPM, <u>Eddy</u> County	Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>West</u>			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas-NM Pipeline Co. (0096-0615)	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2528, Hobbs, N.M. 88240
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Conoco, Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Drawer 1267, Ponca City, OK 74603
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>K</u> Sec. <u>26</u> Twp. <u>17S</u> Rge. <u>21E</u>	Yes <u>8/16/72</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. B. L. L.
(Signature)

District Operations Manager

April 10, 1985

(Title)

(Date)

OIL CONSERVATION DIVISION

APPROVED MAY 29 1985

BY ORIGINAL SIGNED

BY LARRY BROOKS

TITLE GEOLOGIST - NMOCD

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 deviation 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 multiply completed wells.

Post ID-3
6-7-85
Chj Op