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Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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DISTRIBUTION		
SANTA FE		<input checked="" type="checkbox"/>
FILE		<input checked="" type="checkbox"/>
U.S.G.S.		<input checked="" type="checkbox"/>
LAND OFFICE		
TRANSPORTER	OIL	<input checked="" type="checkbox"/>
	GAS	<input checked="" type="checkbox"/>
OPERATOR		<input checked="" type="checkbox"/>
PRODUCTION OFFICE		

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

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)

☐ New Well☐ Recompletion☒ Change in Ownership

Change in Transporter of:

☐ Oil☐ Casinghead Gas☐ Dry Gas☐ Condensate

Other (Please explain)

Change of Operator from Getty to  
TEXACO Producing Inc. 12/31/84If change of ownership give name  
and address of previous owner \_\_\_\_\_

## II. DESCRIPTION OF WELL AND LEASE

Lease Name State K 6096A	Well No. 1	Pool Name, including Formation Cemetery-Mancu	Kind of Lease State, Federal or Fee	Lease No. K6096
Location Unit Letter <u>N</u> ; <u>1980</u> Feet From The <u>West</u> Line and <u>660</u> Feet From The <u>South</u> Line of Section <u>28</u> Township <u>19S</u> Range <u>25E</u> , NMPM, <u>Eddy</u> County				

## III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
The Permian Corporation	P.O. Box 1183, Houston, TX 77001	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Southern Union Gas Co.	P.O. Box 1419, Carlsbad, NM	
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 28
	Twp. 19	Rge. 25
	Is gas actually connected? <u>Yes</u>	
	When 9/5/75	

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

(Title)

April 30, 1985

(Date)

## OIL CONSERVATION DIVISION

APPROVED MAY 29 1985, 19BY 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 deviatric  
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for allow  
able 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 conditionSeparate Forms C-104 must be filed for each pool in multipl  
completed wells.