

RECEIVED

MAY 28 '85

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

NO. OF SPORES DESIGNED		
DISTRIBUTION		
SANTA FE		<input checked="" type="checkbox"/>
FILE		<input checked="" type="checkbox"/>
U.S.B.S.		
LAND OFFICE		
TRANSPORTER	OIL	<input checked="" type="checkbox"/>
	GAS	
OPERATOR		<input checked="" type="checkbox"/>
PRODUCTION OFFICE		

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

C. C. D.  
ARTESIA, OFFICEForm C-104  
Revised 10-01-78  
Format 08-01-83  
Page 1REQUEST 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)		Other (Please explain)
<input type="checkbox"/> New Well	Change in Transporter of:	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 D.D. Federal 24	Well No. 1	Pool Name, including Formation N.Dagger Draw Upper Penn	Kind of Lease State, Federal or Fee	Lease No. Fed - NM-56220
Location Unit Letter <u>P</u> : <u>990</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>East</u> Line of Section <u>24</u> Township <u>19S</u> Range <u>24E</u> , NMPM, <u>Eddy</u> County				

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

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Crude Oil Purchasing Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Drawer 159, Artesia, N.M.	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Lease use.	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 24
	Twp. 19S	Rge. 24E
	Is gas actually connected? No	
	When Past ID-3 6-7-85 Chg op	

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, 19\_\_\_\_\_  
BY ORIGINAL SIGNED  
BY LARRY BROOKS  
TITLE GEOLOGIST - NMCCD

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepener  
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 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 condition.Separate Forms C-104 must be filed for each pool in multipl  
completed wells.