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STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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	GAS	
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PRODUCTION OFFICE		

OIL CONSERVATION DIVISION

P. O. BOX-2088
SANTA FE, NEW MEXICO 87501C. C. D.
ARTESIA, OFFICEForm C-104
Revised 10-01-78
Format 06-01-83
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)	Change in Transporter of:	Other (Please explain)
<input type="checkbox"/> New Well	<input type="checkbox"/> Oil	Change of Operator from Getty to TEXACO Producing Inc. 12/31/84
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Casinghead Gas	
<input checked="" type="checkbox"/> Change in Ownership	<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 Cedar Canyon	Well No. 1	Pool Name, including Formation Cedar Canyon - Delaware	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter <u>P</u> : <u>770</u> Feet From The <u>South</u> Line and <u>770</u> Feet From The <u>East</u> Line of Section <u>9</u> Township <u>24S</u> Range <u>29E</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"/> The Permian Corp.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183, Houston, TX 79702	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Lease Use	Address (Give address to which approved copy of this form is to be sent) <u>Post ID-3</u> <u>6-7-85</u> <u>Chg Up</u>	
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 9
	Twp. 24S	Rge. 29E
	Is gas actually connected? No	
	When	

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

MAY 29 1985

APPROVED _____, 19 _____

BY _____ ORIGINAL SIGNED

BY LARRY BROOKS

TITLE _____ GEOLOGIST NMCD

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 deviat
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for allo
able on new and recompleted wells.Fill out only Sections I, II, III, and VI for changes of owne
well name or number, or transporter, or other such change of conditioSeparate Forms C-104 must be filed for each pool in multip
completed wells.