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O. C. D. Form C-10
ARTESIA, OFFICE Revised 10
Format 06
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SANTA FE		✓	
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LAND OFFICE			
TRANSPORTER	OIL		
	GAS	✓	✓
OPERATOR		✓	
PROMOTION OFFICE			

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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 type="checkbox"/> Dry Gas
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas			<input type="checkbox"/> Condensate

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

Lease Name		Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Todd "25" Federal		1-2	Sand Dunes Morrow	State, Federal or Fee Federal	NM-0544986
Location					
Unit Letter	F	: 1980	Feet From The	North	Line and 1970
			Feet From The	West	
Line of Section	25	Township	23	Range	31
				NMPM,	Joe F. Kelly
				County	

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)	
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)	
Natural Gas Pipeline Co. of Amer.					Box 283, Houston, TX 77001	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rgs.	Is gas actually connected?	When
					Yes	Unknown 5-26-76

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.

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)

(Date)

OIL CONSERVATION DIVISION

APPROVED _____ 6/1, 1985

BY [Signature]
TITLE DISTRICT 1 SUPERVISOR

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 multiple completed wells.