STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

	C 1 T & D	
DISTRIBUTI		
SANTA FE		
FILE		
U.S.O.A.		
LAND OFFICE		
TRAHIPORTER	DIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

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

Form C-104 Revised 10-01-78 Format 06-01-83 Page 1

Separate Forms C-104 must be filed for each pool in multiply completed wells.

REQUEST FOR ALLOWABLE

PROPATION OFFICE	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS						
I.							
Operator							
TEXACO Producing Inc.							
P. O. Box 728, Hobbs, New	Mexico 88240						
Resson(s) for filing (Check proper box)			Other (Pleas	e explain)			
New Yell	Change in Transporter of: Change of Operator from Getty to						
Recompletion	O11	Dry	TEXACO Producing Inc. 12/31/84				
X Change in Ownership	Casinghead Gas	c	ndensata				
If change of ownership give name and address of previous owner							
II. DESCRIPTION OF WELL AND LI	EASE Well No. Pool Name, In-	aludiaa Ca	e-atton	Kind of Lease	Lease No.		
Lease Name	•			State, Federal or Fee State	K-1369		
Hobbs T	17 Chave	roo 5	an Andres	side, retail and Scace	JK-1303		
Location A 660	Feet From The Nort	h_Line	and 660	Feet From The East			
Line of Section 35 Townshi	p 7S R	ange	33Е , ммр	, Roosevelt	County		
Mobil Pipeline Compan Name of Authorized Transporter of Oil Mobil Pipeline Compan Name of Authorized Transporter of Casingh Cities Service Oil & If well produces oil or liquids, give location of tanks.	or Condensate Y ead Gas Corp. It Sec. Twp.		P.O. Box 90 Address (Give address	to which approved copy of this form is a 0, Dallas, Texas 752 to which approved copy of this form is 0, Tulsa, OK 74102	221		
If this production is commingled with th NOTE: Complete Parts IV and V on			1		· · · · · · · · · · · · · · · · · · ·		
VI. CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION							
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.		BY DISTRICT 1 SUFERVISOR					
W. D. Lol (Signature) District Operations Manage (Tule) March 25, 1985			This form is t If this is a rec well, this form must tests taken on the All sections o able on new and re	Sections I. II. III. and VI for cha	ted or deepened of the deviation to etely for allow- nges of owner.		
(Date)		il	well name or number	er, or transporter, or other such chan	te or cougition		

MAY 31 1985