STATE OF NEW MEXICO ENERGY NO MINERALS DEPARTMENT	r				Form C-104	
					Revised 10-01-78 Format 06-01-83	
DISTRIBUTION	OILC	OIL CONSERVATION DIVISION			Page 1	
SANTA FF	•••••	P. O. BOX 2088				
FILE	<b>C 4 M</b>	SANTA FE, NEW MEXICO 87501				
v.I.q.a.	SAN	IAFE, NEW W	EXICO 07501		•	
LAND OFFICE	۰.					
TRANSPORTER OIL		DEQUECT COD A	LOWARIE			
GAS OPERATOR		REQUEST FOR A				
PROMATION OFFICE		AND		AL CAS		
T	AUTHORIZATIO	IN TO TRANSPOR	T OIL AND NATU	RAL GAS		
Cpersion				g, <u>and an </u>		
TEXACO Producing Inc.						
Address						
P. O. Box 728, Hobbs, N	lew Mexico 882	40				
Reeson(s) for filing (Check proper box)		·	Other (Please			
New Vell		Change in Transporter of: Change of Operator f				
		Dry Ge	TEXACO	Producing Inc.	12/31/84	
Recompletion	8	2				
X Change in Ownership	Casinghead					
If change of ownership give name and address of previous owner II. DESCRIPTION OF WELL ANI	D LEASE			Kind of Lease	Lease No.	
Lease Name	Well No.   Pool N	ame, Including Forma	ition			
Hobbs W		haveroo Sar	Andres	State, Federal or Fee S	tate  K-1370	
Location Unit Letter B : 33	0 Feet From The	North Line or	2310	Feet From TheEa	st	
	mship 7S		34E , NMPN	. Roosevelt	County	
<b>III. DESIGNATION OF TRANSP</b>	ORTER OF OIL A	ND NATURAL G	AS	to which approved copy of	this form is to be sents	
Name of Authorized Transporter of Oli	X or Condense	Ne 🗋 🕴 🗛	diess (Give address			
Mobil Pipeline Comp	any	I	2.0. Box 90	(, Dallas, Tex	as /5221	
Name of Authorized Transporter of Cas		Dry Gas A	idress (Give address	to which approved copy of	this form is to be sent)	
Cities Service Oil				0, Tulsa, OK 7	4102	
	the second se		gas actually connect			
If well produces oil or liquids, give location of tanks.			Yes	1/12/6	57	
If this production is commingled wit	h that from any othe	r lease or pool, giv	e commingling orde	r number:		

NOTE: Complete Parts IV and V on reverse side if necessary.

## VI. CERTIFICATE OF COMPLIANCE

I bereby 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.

(Signature)

W.B. hh

District Operations Manager March 25, 1985

(Date)

	RVATION	DIVIS	ION		
	1	1	6/1	. 85	
APPROVED	1 17	Ζ.		1.8	
	<u>14/a</u>				
DISTRICT 1	SUFERVISO	R			

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

If this is a request for allowable for a newly drilled or deepend 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 Forma C-104 must be filed for each pool in multip: completed wells.

## RECEIVED MAY 31 1985

O.C.D. HOSau Office