## STATE OF NEW MEXICO ENERGY MO MINERALS DEPARTMENT

00. 00 100M1 MEINED	
DISTRIBUTION	$\neg$
BARTA FE	
PILE	
U.S.G.A.	
LAND DFFICE	$\neg \vdash$
TRANSPORTER DIL	
WAS	
OPERATOR	$\Pi$
PROMATION OFFICE	$\neg \neg$

## 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 multi; completed wells.

## REQUEST FOR ALLOWABLE

	MD	
AUTHORIZATION TO TRANS	PORT OIL AND NATURAL GAS	
l.		
Operation	•	
TEXACO Producing Inc.		
P. O. Box 728, Hobbs, New Mexico 88240		
Reeson(s) for filing (Check proper box)	Other (Please explain)	
New Well Change in Transporter of:	Change of Operator from Getty to	
	TEXACO Producing Inc. 12/31/84	
	ondensate	
Circle in Carrier		
If change of ownership give name		
and address of previous owner		
II. DESCRIPTION OF WELL AND LEASE		
Lease Name   Well No.   Poc, Name, Including t		
Bunker Hill State 1 Wildcat	Signe, Federal or Fee State V-861	
Location	660 East	
P 660 Feet From The South Lir	ne and Feet From The	
	31E Chaves Count	
Line of Section 33 Township 15S Range	OLE NMPM, CIAVES Count	
	1 V + V (1. )	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL	Andreas (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil A or Condensate TEXACO Trading & Transportation Co.	P.O. Box 1142, Midland, TX 79702	
	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas or Dry Gas None		
Unit Sec. Twp. Rge.	Is gas actually connected? When	
If well produces oil or liquids, D 33 15 37	No Unknown	
give location of lanks.	in a series and a symbol	
If this production is commingled with that from any other lease or pool,	give comminging order number.	
NOTE: Complete Parts IV and V on reverse side if necessary.		
	II OIL CONSERVATION DIVISION	
VI. CERTIFICATE OF COMPLIANCE		
I hereby certify that the rules and regulations of the Oil Conservation Division have	APPROVED 6/1, 19 85	
been complied with and that the information given is true and complete to the best of	Leave Selfon	
my knowledge and belief.	BY TOWN	
	TITLE DISTRICT I SUPERVISOR	
W.D. he	W. B. A. This form is to be filed in compliance with RULE 1104.	
(Signature)	If this is a request for allowable for a newly drilled or desper- well, this form must be accompanied by a tabulation of the deviat.	
District Operations Manager	tests taken on the well in accordance with RULE 111.	
## 1.1. t	All sections of this form must be filled out completely for allo able on new and recompleted wells.	
April 12, 1985	Fitt out only Sections 1. II. III. and VI for changes of own.	
(Date)	well name or number, or transporter, or other such change of conditi:	

RECEVED

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