STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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FILE		
U.S.O.S.		
LAND OFFICE		
TRANSPORTER	OIL	
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 AND

PROBATION OFFICE	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS				
I					
Operarot					
TEXACO Producing Inc.					
P. O. Box 728, Hobbs, New	Mexico 88240				
Reason(s) for filing (Check proper box)	Other (Please explain) Change of Operator from Getty to			to	
New Well	Change in Transporter of:	12/21/94			
Recompletion	3 7 8 .				
X Change in Ownership	Casinghead Gas Ca	ondensate			
If change of ownership give name and address of previous owner					
II. DESCRIPTION OF WELL AND L	FASF				
Lease Name	Well No. Fool Name, Including Fo	ormation	Kind of Lease	Lease No.	
Lovington Paddock Unit	43 Lovington Padd	lock	State, Federal or Fee State	<u>JB-7316</u>	
Location			Fact		
Unit Letter P : 660	Feet From The South Lin	• and460	Feet From The East		
		36E , NMPM	Lea	County	
Line of Section 35 Townsh	ip 16S Range	JOE , MAPA			
Name of Authorized Transporter of Call Name of Authorized Transporter of Call Name of Authorized Transporter of Casings	95-0512) or Condensate or Dry Gas or Dry Gas	P.O. Box 2528	Hobbs, N.M. 88240 To which approved copy of this form is to which approved copy of this form is Odessa, Texas 79762		
Phillips Petroleum Compar		is gas actually connect			
If well produces oil or liquids, give location of tanks.	1 17S 36E	Yes	i 		
If this production is commingled with the	nat from any other lease or pool,	give commingling orde	r number:		
NOTE: Complete Parts IV and V or					
VI. CERTIFICATE OF COMPLIANC	E		CONSERVATION DIVISION	., 19 <u>85</u>	
I hereby certify that the rules and regulations of been complied with and that the information go my knowledge and belief.	of the Oil Conservation Division have even is true and complete to the best of	APPROVED JU	1 Lefton	., 19	
		TITLE DISTRI	CT 1 SUFERVISOR		
W. D. L. Signature District Operations Manage	,	This form is to If this is a req well, this form mus tests taken on the	to be filed in compliance with RUI quest for allowable for a newly dri to be accompanied by a tabulation well in accordance with RULE to I this form must be filled out comp	lled or despense of the deviation 11.	
(Tule)		able on new and re	completed wells.		
April 10, 1985		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.			
(Date)	· ·	well name or number	r, or Hansporter, or other such tha	and the contractions	

MAY 31 1985