STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

DISTRIBUTION -FILE V.4.0.4. LAND OFFICE TRANSPORTER

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 multip completed wells.

REQUEST FOR ALLOWABLE

OPERATOR				ND				
PROBATION OFFICE	AUTHOR	IZATION TO	TRANSF	PORT OIL	UTAN DNA	RAL GAS		
I.								
Operator					•			
TEXACO Producing Inc.								
P. O. Box 728, Hobbs, New	Mexico	88240						
Reeson(s) for filing (Check proper box)				Other (Please explain) Change of Operator from Getty to				
New Well	Change in	Change in Transporter of:						
Recompletion	O11				TEXACO Producing Inc.12/31/84			
X Change in Ownership	Castr	Casinghead Gas C		endensote				
If change of ownership give name and address of previous owner								
II. DESCRIPTION OF WELL AND LEASE Well No. Fool Name, Including F				ormation Kind of Lease Lease No				
Lease Name	1	ì				State, Federal or Fee State	В-7766	
Lovington Paddock Unit	29	толид	ton Pac	ucck .			<u> </u>	
Location		So	w+h		2130	Feet From The West		
Unit Letter K : 2130	Feet Fro	m The	outh Lin	e and	2130	Feet From The		
Line of Section 36 Townsh	up 16S		Range	36E	, имри	i, Lea	County	
Cine of Section	<u>· · · · · · · · · · · · · · · · · · · </u>							
III. DESIGNATION OF TRANSPOR Name of Authorized Transporter of Off Injection Name of Authorized Transporter of Casing	or C	ondensate	J 	Address	(Give address	to which approved copy of this form to which approved copy of this form		
U	nit Sec	. Twp.	Rge.	la gas a	ctually connect	ed? When		
If well produces oil or liquids, give location of tanks.	1	1		<u> </u>				
If this production is commingled with t	hat from an	ny other leas	e or pool,	give com	mingling orde	r number:		
NOTE: Complete Parts IV and V o	n reverse s 		<i></i>	11	_,, _			
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 I SUFERVISOR				
,				TITL				
				T	his form is to	be filed in compliance with At	JLE 1104.	
w. B. hh				we also an a required for allowable for a newly drilled or deepen-				
(Signature)				well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.				
District Operations Manager				All sections of this form must be filled out completely for allo-				
April 10, 1985 (Tule)					able on new and recompleted wells.			
(Date)				well n	www ot unupe	r, or transporter, or other such ch	ange of conditio	
100.07				••				