## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

PO D- CAT-12 DECEMBO			
DISTRIBUTION			
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U.S.O.A.			
LAND DIFICE			
TRANSPORTER	DIL		
OPERATOR			
PROMATION 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	ANU		
AUTHORIZATION TO TRAI	NSPORT OIL AND NATURAL GAS		
Operator			
TEXACO Producing Inc.	•		
TEXACO Producing Inc.			
P. O. Box 728, Hobbs, New Mexico 88240			
Reason(s) for filing (Check proper box)	Other (Please explain)		
New Well Change in Transporter of:	Change of Operator from Getty to		
Recompletion Oil	Dry Gos TEXACO Producing Inc. 12/31/84		
Change in Ownership Casinghead Gas	Condensate		
If change of ownership give name and address of previous owner			
II. DESCRIPTION OF WELL AND LEAST			
Lease Name	1		
Lovington Paddock Unit 20 Lovington Pa	addock Store, Federal or Fee State B-1766		
Location F 1830 Feet From The North	Line and 2130 Feet From The West		
Line of Section 36 Township 16S Range 36			
Name of Authorized Transporter of OII or Condensate Texas-NM Pipeline Co. (0095-0512)  Name of Authorized Transporter of Casinghead Gas or Dry Gas Phillips Petroleum Company  Unit Sec. Twp. Rge.	Address (Give address to which approved copy of this form is to be sent)  P.O. Box 2528, Hobbs, N.M. 88240  Address (Give address to which approved copy of this form is to be sent)  4001 Penbrook, Odessa, Texas 79762  Is gaz actually connected? When		
if well produces oil or liquids.  give location of tanks.  B 1 175 361			
If this production is commingled with that from any other lease or po-	ol, give commingling order number:		
NOTE: Complete Parts IV and V on reverse side if necessary.			
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION		
I hereby certify that the rules and regulations of the Oil Conservation Division habeen complied with and that the information given is true and complete to the best my knowledge and belief.	BY DISTRICT I SUFERVISOR		
w.B. hh	TITLE  This form is to be filed in compliance with RULE 1104.  If this is a request for allowable for a newly drilled or despend		
(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 alics		
(Tule) April 10, 1985	able on new and recompleted wells.		
(Date)	well name or number, or transporter, or other such change of condition		