STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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SASTA FE		
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U.S.G.A.		
LAND OFFICE		
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DPERATOR		
PROSATION 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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I			
Operator			
TEXACO Producing Inc.			
Address			
P. O. Box 728, Hobbs, New Mexico 88240			
Reason(s) for liling (Check proper box)	Tiling (Check proper box) Other (Please expiain)		
New Well Change in Transporter of:	Change in Transporter of: Change of Operator from Getty to		
Recompletion UI OII	TEXACO Producing Inc. 12/31/84		
Change in Ownership Casingheod Gas C	andensate		
If change of ownership give name and address of previous owner			
II. DESCRIPTION OF WELL AND LEASE	E Therich Kind of Lease Lease No.		
Lease Name Well No. Pool Name, Including	State B7896		
Lovington San Andres Unit O Lovington Sar.	Indres State, Feetal of Fee		
F 2130 North	1980 West		
	ne and Feet From The		
31 16S 3°	7E Lea County		
Line of Section Township Range	, NMPM, County		
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL	Aggress (Give audress to which approved copy of this form is to be sent)		
Name of Authorized Transporter of Oil Condensate	P.O. Box 2528, Hobbs, N.M. 88240		
Texas-NM Pipeline Co. (0095-0512)	Address (Give address to which approved copy of this form is to be sent)		
Name of Authorized Transporter of Castingneed Gas or Dry Gas	4001 Penbrook, Odessa, Texas 79762		
Phillips Petroleum Company	is gas actually connected? When		
If well produces oil or liquids, Unit Sec. Twp. Rgs. B 1 17S 36E	Yes		
division of tents			
If this production is commingled with that from any other lease or pool,	give commingling order numbers		
and the transfer of the transfer			
NOTE: Complete Parts IV and V on reverse side if necessary.	11		
CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION			
	June 1/ 1985		
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 LIMINION		
,	DISTRICT 1 SUFERVISOR		
	TITLE		
w.B. hh	This form is to be filed in compliance with RULE 1104.		
W.D. DONC	to this is a request for allowable for a newly drilled or despende		
(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 allow		
(Tule)	able on new and recompleted wells.		
April 10, 1985			
(Date)	well name or number, or transporter, or other such change of condition		
	Separate Forms C-104 must be filed for each pool in multiply completed wells.		
•	. Children metre.		