#### STATE OF NEW MEXICO ENERGY MO MINERALS DEPARTMENT

(Tule) March 20, 1986

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SANTA PE			
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V.A.G.A.			
LAND OFFICE			
TRAMPORTER	DIL		
	BAS		
OPERATOR			
2000 AT 10 OF 1	-		

## OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

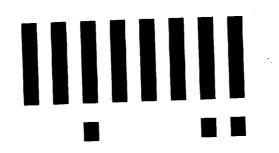
Form C-104 Revised 10-01-78 Formal 06-01-83

Fill out only Sections I. II. III, and VI for changes of ewne well same or number, or transporter or other such change of condities

Separate Forms C-104 must be filed for each pool in multipermeleted wells.

## REQUEST FOR ALLOWABLE AND

	AUTHOR	IZATION TO TRANSP	OK I DIL	, AND NATU	KAL UAS		
Ī					<del></del>		
Operator							
Texaco Producing Inc.		·					·
Address		00040					
P.O. Box 728, Hobbs, New	Mexico	88240		1 Oak on 1 01 co			
Rousen(s) for filing (Check proper box)				Other (Please			
New Well	<u> </u>	n Trensporter of:	_	Gas Tra	nsporter Name	Change	
Recompletion	닐ᅄ	<b>—</b>	y Ges	}		•	
Change in Ownership	X Coot	ngheed Ges Co	ndensete	<u> </u>	<u></u>		
If change of ownership give name and address of previous owner						<del></del>	
II. DESCRIPTION OF WELL AND L	EASE						
Loose Name	Well No.	Pool Name, including Fo	ormation		Kind of Lease	<b>a</b>	Lease No.
State O	14	Lovington Ab	00		State, Federal or Fee	State	B7896
Location I 1980	Page Sar	South Line	66	<b>50</b>	Feet From The	East	
31	_ 160	_	37E	. NMPN		Lea	County
Line of Section 31 Townsh	1p 10	nange -		,,,,,,,,	<u>'</u>		
III. DESIGNATION OF TRANSPOR	TER OF	OII AND NATTIRAL	GAS				
Name of Authorized Transporter of Oil	OF C	Condensate	Asdress	(Give address	to which approved copy	of this form is	to be sent)
Texas N.M. Pipeline C	o. (0	095-0240)	P.O.	. Box 25	28, Hobbs, N	M, 8824	0
Name of Authorized Transporter of Casing	head Gos [	or Dry Gas	Address	(Give address	to which approved copy	of this form is	to pe seut)
Philllips 66 Natural			400	l Penbro	ok, Odessa,	TX, 797	62
110	ut Se	Twp. Rge.	ls que o	ctually connect	ed? When		
if well produces oil or liquide, give location of tanks.	J !	31   16S   37E	Yes			Inknown	
If this production is commanded with t	hat from a		give com	mingling orde	r number:		
			<b>_</b> -				
NOTE: Complete Parts IV and V o	n reverse	side if necessary.					
			1	OIL C	CONSERVATION (	DIVISION	
VI. CERTIFICATE OF COMPLIANCE		1.			1000		
I hereby certify that the rules and regulations	of the Oil (	Conservation Division have	APPR	OVED	APR 2 3	ואמם	-, 19
been complied with and that the information g	iven is true :	and complete to the best of				ORY CENTRAL	
my knowledge and belief.			BY ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR				
_			TITL	E	DISTRICT I SUPER	VIOUX	
1.10		•	_		o be filed in complis	oce with su	LE 1104.
17/1/00	در میسوم د		H	, ship in a sec	mest for allowable for	e a newly dr	illed or deepen
Gigner Street		79		this form much	nt he accompanied by	e tabulation	! OI IDO GOATUIT
District Administra		pervisor	tooto	taken on the	well in accordance	ALLD ROLE	111.
(Tule)				ll sections o	f this form must be fi ecompleted wells.	med by com	bietera tot erro
1/40/	006		II apre d	DE DAM EDG L	realitates rest		







Job separation sheet

### STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

DISTRIBUTION			
SARTA PE			
FILE			
V.S.O.A.			
LAND OFFICE			
TAARIPORTER	OIL		
	BAL		
OPERATOR			
200-1510- 201151		$\Gamma$	1

# OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

Form C-104 Revised 10-01-78 Formal 06-01-83 Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

PRORATION OFFICE		ZATION TO TRANSPO	OFT OIL AND NATI	JRAL GAS	
	AUTHORI	ZATION TO TRANSFI	ORT OIL ACTO THE		
Operator				•	
TEXACO Producing Inc.					
Address	Movico	88240			
P. O. Box 728, Hobbs, New	MEXICO	002.0	Other (Pleas	se explain)	
Change of Operator from Getty to				to	
New Well	Change in Transporter of:    Dry Gas				/84
Recompletion	₩	<b>&gt;</b>	ndensate		
Y Change in Ownership					-
f change of ownership give name					
ind address of previous owner					
	EISE				Lease Na.
I. DESCRIPTION OF WELL AND LI	Well No.	Pool Name, Including Fo	rmation	Kind of Lease	B7896
State "0"	14	Lovington Abo		State, Federal or Fee State	157070
Location	_1			East	
I 1980	_Feet From	South Line	and	Feet From The	
Unit Letter:	, ee, ,			Lea	County
31 Townsh	16	S Range_	37E . NMF	PM, IEd	
Line of Section Township					
III. DESIGNATION OF TRANSPOR	TER OF	OIL AND NATURAL	GAS	s to which approved copy of this form	is to be sent)
Name of Authorized Transporter of Cit A	or C	ondensate	1		
Towas N M Pineline CO.	(0095-02	240)	P.O. Box 25	28. Hobbs. N. M. 88240  1 to which approved copy of this form	is to be sent)
Name of Authorized Transporter of Casing	neda 04. (1	or Dry Gas	4001 Penbro	ok, Odessa, TX 79760	
Phillips Petroleum Compa	ny		Is gas actually conne		
If well produces oil or figuids,	•		1	Unknown	
learning of tooks.	J 3.		<u> </u>		
If this production is commingled with t	hat from ar	ny other lease or pool,	give commingling or	der number:	
i this production is commission		ide if meressary			
NOTE: Complete Parts IV and V o	n reverse s			CONCEDIATION DIVISION	
- COMPLIANCE	·F		II OIL	CONSERVATION DIVISION	n' 0E
VI. CERTIFICATE OF COMPLIANCE			·	6/	1 85
hereby certify that the rules and regulations	of the Oil C	onservation Division have	APPROVED_	1.17	-
been complied with and that the infolliation g	iven is true a	ma complete to the best of	BY LIM	XXIVIII -	
ny knowledge and belief.			DIST	RICT 1 SUFERVISOR	
,			TITLE		
			This form is	to be filed in compliance with R	ULE 1104.
w.B. he			If this is a r	equest for allowable for a newly out be accompanied by a tabulation	irilled or deepens
(Signatur			Il acces taken on th	TO MOTI TO SCEDISFIER MINN MARK	
District Operations Mana	ger		III sections	of this form must be filled out co	mpletely for allow
April 30, 1985 (Tule)			I on new and	tecompleted wells.	
- <del>g</del>			Fill out only	y Sections L. II. III. and VI for there, or transporter, or other such ci	hange of condities
(Date)			well name or num	rms C-104 must be filed for each	h pool in multip
			completed wells.		