STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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DISTRIBUTION			
SANTA FE			
PRE			
V.4.0.4.			
LAND OFFICE			
TRANSPORTER	DIL		
	BAS		
DPERATOR			
PROBATION 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 multip completed wells.

REQUEST FOR ALLOWABLE

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
Operator			
TEXACO Producing Inc.	·		
Address			
P. O. Box 728, Hobbs, New Mexico 88240			
Reason(s) for filing (Check proper box) New Well Change in Transporter of:	Other (Please explain) Change in Transporter of: Change of Operator from Getty to		
	y Gos TEXACO Producing Inc.12/31/84		
	ondensate		
If Change of ownership give name and address of previous owner			
II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, including F	ormation kind of Lease No		
Lovington Paddock Unit 11 Lovington Pad	dock State, Federal or Fee FEE		
Location			
Unit Letter C 940 Feet From The Lin	e and 1980 Feet From The West		
Line of Section 31 Township 16S Range 37E			
Name of Authorized Transporter of Oil Or Condensate Texas-NM Pipeline Co. (2095-05/2) Name of Authorized Transporter of Casinghead Gas or Dry Gas Phillips Petroleum Co. If well produces oil or liquids,	Address (Give address to which approved copy of this form is to be sent) Line Co. (UC95-US/2) P.O. Box 2528, Hobbs, N.M. 88240 Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent)		
give location of tanks. D 31 16S 37E	Yes		
If this production is commingled with that from any other lease or pool, 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 have been complied with and that the information given is true and complete to the best of my knowledge and belief. APPROVED June 1. BY			
	TITLE DISTRICT I SUFERVISOR		
W. D. h.l. This form is to be filed in compliance with a lift this is a request for allowable for a newly			
(Signature) well, this form must be accompanied by a tabulation of tests taken on the well in accordance with RULE 111.			
All sections of this form must be filled out complete able on new and recompleted wells.			
April 10, 1985 (Page)	Fill out only Sections I. II. III. and VI for changes of owne well name or number, or transporter, or other such change of condition		
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MAY 31 1985

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