STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

	1140		
DISTRIBUTION			
SANTA FE			
FILE			
U.8.G.S.			
LAND DFFICE			
TRANSPORTER	OIL		
- AAMS CONTEN	GAL		
OPERATOR			
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

REQUEST FOR ALLOWABLE AND

OPERATOR			AN	D 207 O''	AND MATU	PAI CAS			
PROMATION OFFICE	AUTHORIZ	ZATION TO T	RANSP(UK I UIL	AND MATU	NAL UN			
Operator					•				
TEXACO Producing Inc.					,				
P. O. Box 728, Hobbs, Ne	w Mexico	88240							
Recson(s) for filing (Check proper box)			······		Other (Please	explain)	to		
New Well	Change in	Change in Transporter of:				Change of Operator from Getty to TEXACO Producing Inc. 12/31/84			
Recompletion	011	Oil Dry Gas TEXACO Producing Inc. 12/31/04 Casinghed Gas Condensate							
Y Change in Ownership		7.1900 000							
If change of ownership give name									
and address of previous owner									
II 14 5 SETION OF WELL AND	LEASE No. I	Poel Name, Inc	luding Fo	tmation		Kind of Lease	Legae No.		
Lowington San Andres Uni		Lovingto			es	State, Federal or Fee State	B7766		
Location		_		-	660	West			
Unit Letter L : 1980	Feet Fron	The South	Line	and	000	Feet From The			
26 -	169		nge 36	ĒΕ	, NMP	, Lea	County		
Line of Section									
III. DESIGNATION OF TRANSPO	ORTER OF C	OIL AND NA	TURAL	GAS	(Give address	to which approved copy of this form i	s to be sent)		
Name of Authorized Transporter of Off	or Co	ondensate		}					
Injection Name of Authorized Transporter of Castr	nahead Gas	or Dry Gas		Address	(Give address	to which approved copy of this form t	s to be sent)		
Name of Authorized Transporter of		_				ted? When			
If well produces oil or liquids,	Unit Sec.	Twp.	Rge.	le gas a	ctually connec	ted? (when			
aire location of lanks.		i				er number:			
If this production is commingled with	that from an	y other lease	or pool.	give com	mingting of a				
NOTE: Complete Parts IV and V	on reverse si	ide if necessa	rry.	.,					
VI. CERTIFICATE OF COMPLIAN					OIL (CONSERVATION DIVISION			
		Divi	cion have	APPE		ine 1. /	_, 19 85		
I hereby certify that the rules and regulation been complied with and that the information	is of the Oil Co i given is true ar	nd complete to the	he best of		Jus	Mestin			
my knowledge and belief.				BY.	DISTR	ICT I SUFERVISOR			
,				TITL	E				
w.B.h.	h			7	his form is t	to be filed in compliance with At	JLE 1104.		
				11	* Lie / a	quest for allowable for a newly di at be accompanied by a tabulatio	11 O1 F110 110-11		
District Operations Mar				11	taken on the	well in accordance with RULE of this form must be filled out con			
Tule				l able	on new and r	ecompleted waits.			
April 10, 1985				F	ill out only	Sections I. II. III, and VI for cer, or transporter, or other such ch	hanges of owns ange of condition		
(Date	9			l s	eparate Form	ms C-104 must be filed for each	pool in mult		
•			l	l compl	eted wells.				