STATE OF NEW MEXICO						Form C-104 Revised 10-01	-78 -	
O L CONSERVATION DIVISION OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501						Format 06-01- Page 1	<b>.</b>	
TRAMSPORTER OIL GAS OPERATOR PROBATION OFFICE	AUTHORI	REQUEST FOR AN ZATION TO TRANSF	٩D		XAL GAS			
TEXACO Producing Inc.				•				
P. O. Box 728, Hobbs, New Mexico 88240 Reeson(s) for filing (Check proper box) New Well Change in Transporter of: Recompletion OII Dry				Change of Operator from Getty to TEXACO Producing Inc. 12/31/84				
f change of ownership give name nd address of previous owner			. <u></u>					
1. DESCRIPTION OF WELL AND LI Leve Norme State P	Well No. 1 11	Lovington Pad			Kind of Lease State, Federal or Fee	State	L.е.е. No. В7897	
Location E 1980	_Feet From	TheLin	• and	660	_ Feel From The	West		
Line of Section 32 Townshi	<b>p</b> 165	Range	37E	, NMPM	Lea		County	
M. DESIGNATION OF TRANSPOR Norme of Authorized Transporter of Cit (XX) Texas N.M. Pipeline Co.	or Co (0095-02)	294)	P.O. 1	Box 2528,	o which approved copy Hobbs, N.M. 88 o which approved copy	3240		
Name of Authorized Transporter of Casingh Phillips Petroleum Co.		or Dry Gas	4001	Penbrook,	Odessa, TX 79	10/1/71		
give location of tanks. I this production is commingled with th		t	<u></u>	mingling order	number:			
NOTE: Complete Parts IV and V on reverse side if necessary. /1. CERTIFICATE OF COMPLIANCE hereby certify that the rules and regulations of the Oil Conservation Division have				OIL C	ONSERVATION	DIVISION	85	
ny knowledge and belief.	ven is true and	d complete to the best of	BY	DISTRIK	1 SUFERVISON	27		
W.B. hl	~	, 			be filed in compli- uest for allowable f			

If this is a request for sllowable for a newly drilled or despense well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allow-able on new and recompleted wells.

Fill out only Sections I. II. III, and VI for changes of owner. 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.

(Date)

(Signature)

District Operations Manager April 30, 1985 (Tule)

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