## STATE OF NEW MEXICO ENERGY ME MINERALS DEPARTMENT

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## 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

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

REQUEST FOR ALLOWABLE AND

AUTHORIZATION TO TRANSF	PORT OIL AND NATURAL GAS	
I		
Operator		
TEXACO Producing Inc.		
Address		
P. O. Box 728, Hobbs, New Mexico 88240		
Resson(s) for filing (Check proper box)	Other (Please explain)	
New Well Change in Transporter of:	Change of Operator from Getty to	
Recompletion Oil Dr	y Gas TEXACO Producing Inc. 12/31/84	
Change in Ownership Casinghead Gas Co	ndensate	
If change of ownership give name		
and address of previous owner		
II. DESCRIPTION OF WAR AND LEASE		
Lease Name   Well No.   Foot Name, Including Fo		
Lovington San Andres Unit 41 Lovington San	Andres Stone, Federal or Fee State B2359	
Lecction		
Unit Letter G 1980 Feet From The North Line	e and 1980 Feet From The East	
Unit Letter;Feet From the	· ·	
Line of Section 1 Township 17S Range	36E NMPM, Lea County	
Circ of Section		
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL	GAS	
Name of Authorized Transporter of Cil Or Condensate	Address (Give address to which approved topy of this form to be	
Texas-NM Pipeline Co. (0095-0512)	P.O. Box 2528, Hobbs, N.M. 88240	
Name of Authorized Transporter of Casinghead Gas or Dry Gas	Address (Give madress to which approved copy of this form is to be sent)	
Phillips Petroleum Company	4001 Penbrook, Odessa, Texas 79762	
Unit Sec. Twp. Rge.	Is gas actually connected? When	
If well produces oil or liquids, B 1 17S 36E	Yes	
If this production is commingled with that from any other lesse or pool,	rive commingling order number:	
If this production is commingled with that from any other lease of poor.		
NOTE: Complete Parts IV and V on reverse side if necessary.		
	OIL CONSERVATION DIVISION	
VI. CERTIFICATE OF COMPLIANCE		
I hereby certify that the rules and regulations of the Oil Conservation Division have	APPROVED June 1, 1985	
been complied with and that the information given is true and complete to the best of		
my knowledge and belief.	BY	
	DISTRICT I SUFERVISOR	
	TITLE	
WB hh	W. B. L. This form is to be filed in compliance with RULE 1104.	
	I the deviation of the	
(Signature)	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	Fill out only Sections I. II. III, and VI for changes of owner	
(Date)	well name or number, or transporter, or other such change of condition	