STATE OF NEW MEXICO ENERGY MO MINERALS DEPARTMENT

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

od 10-01-78

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

REQUEST FOR ALLOWABLE

PRODATION OFFICE	AND
I. Courses	NSPORT OIL AND NATURAL GAS
Texaco Producing Inc.	
Address	
P.O. Box 728, Hobbs, New Mexico 88240	
Rooson(s) for filing (Check proper box)	Other (Please explain)
New Well Change in Transporter of:	
Change in Ownership	Gas Transporter Name Change
Cosingheed Ges	Condensate
If change of ownership give name	
and address of previous owner	
II. DESCRIPTION OF WELL AND LEASE	
Lesse Name truck John Well No. Pool Name, including	, / Lana Ala
Lovington San Andres Unit 71 Lovington San	-Andres () A A an (State, Federal or Fee
, t ° '	12
Unit Letter P : 660 Feet From The South L	ine and 660 Feet From The East
Line of Section 1 Township 175 Range	200
- L/D North	36E , NMPM, Lea County
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURA	AL GAS
remains a remainder of Oil X or Condensate	Andreas (Green address to which appeared to the
Texas New Mexico Pipe Line Company (0095-0512) P.O. Box 2528, Hobbs, New Mexico 88240
Phillips 66 Natural Gas Company	Address (Give address to which approved capy of this form is to be sent)
If well produces oil or liquids, Unit , Sec. Twp. Ros.	4001 Penbrook, Odessa, Texas 79762
give location of tents. B 1 17S 36E	Yes
If this production is commingled with that from any other lease or pool,	
	Sive communiting order number:
on reserve side if necessary.	
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION
hereby certify that the rules and regulations of the Oil Conservation Division have	lf
went completed with and that the information given is the and complete an about the best of	APPROVED APRIL 1300
ny knowledge and belief.	BY ORIGINAL SIGNED BY JERRY SEXTON
	TITLE DISTRICT SUPERVISOR
14.1 6 .	
J. W Rowners	This form is to be filed in compliance with RULE 1104.
(Signature)	If this is a request for silowable for a newly drilled or despended well, this form must be accompanied by a tabulation of the deviation
District Administrative Supervisor	II and an in men in accordance with MOTE 111'
March 20, 1986	All sections of this form must be filled out completely for allowable on new and recomplated wells.
(Page)	Fill out only Sections 1 to the section 2
15-01/	well name or number, or transporter or other such change of candition.