STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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DISTRIBUTION				
SANTAFE		1	 -	
FILE				
U.1.G.4.				
LAND OFFICE			_	
TRANSPORTER	DIL			
	DAS			
OPERATOR				
PROBATION OFFICE				

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

Form C-104 Revised 10 01-78 Format 05 01 83 Page 1

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1.		ON OIL AND MAID	KAL GAS		
Operator					
TEXACO PRODUCING INC.	· · · · · · · · · · · · · · · · · · ·				
P. O. Box 728, Hobbs, New	Mexico 88240				
Resson(s) for filing (Check proper box)		Other (Please			
New Well	Change in Transporter of:				
Recompletion	7555 PSS	TEXACO PRODUCING INC. effective 6/1/85.			
X Change in Ownership	Casinghead Gas C	ondensale			
If change of ownership give name and address of previous owner	·				
II. DESCRIPTION OF WELL AND LE	ASE				
Lease Name	Well No. Fool Name, Including F	ormation	Kind of Lease	Lease No.	
West Lovington Unit	11 Loyington San	Andres West	State, Federal or Fee State	B-4286	
Location		·	· · · · · · · · · · · · · · · · · · ·		
Unit Letter H : 660	Feet From The East Lin	• and <u>1980</u>	Feet From The North		
Line of Section 5 Township	17-S Range	36-E , NMPM	. Lea	County	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					
Name of Authorized Transporter of Oil	or Condensate		a which approved copy of this form is	to be sent!	
Marray New Marris Di ani a					
Name of Authorized Transporter of Casinghead Gas X or Dry Gas Address (Give address to which approved copy of this form is to be sent)					
Phillips Petroleum Co. 4001 Penbrook, Odessa, TX 79762					
If well produces oil or liquids, Unit		is gas actually connected? When			
give location of lanks.	5 17-S 36-E	Yes Unknown			
If this production is commingled with the	t from any other lease or pool,	give commingling order	numberi		
NOTE: Complete Parts IV and V on	reverse side if necessary.				
VI. CERTIFICATE OF COMPLIANCE		OIL C	ONSERVATION DIVISION		
thereby certify that the rules and regulations of the Oil Conservation Division have		APPROVED	6415	19 85	
been complied with and that the information give my knowledge and belief.	n is true and complete to the best of	BY Jung Solon			
		TITLE DISTRIC	T 1 SUFERVISOR		
W.B. hh		This form is to	be filed in compliance with MUL.	F 1104	
(Signature)		If this is a request for allowable for a newly drilled or despend			
District Operations Manage	er	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.			
6/1/85	•	All sections of this form must be filled out completely for allowable on new and recompleted wells.			
(Date)	<u> </u>	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 completed wells.	C-104 must be filed for each pe	ool in multiply	