

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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U.S.U.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION 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
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
TEXACO PRODUCING INC.
Address
P. O. Box 723, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)		Other (Please explain)	
<input type="checkbox"/> New Well	Change in Transporter of:	Change of Operator from TEXACO INC. TO TEXACO PRODUCING INC. effective 6/1/85.	
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil		
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas		
	<input type="checkbox"/> Dry Gas		
	<input type="checkbox"/> Condensate		

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name West Lovington Unit	Well No. 41	Pool Name, including Formation Lovington San Andres West	Kind of Lease State, Federal or Fee State	Lease No. B-4120-1
Location Unit Letter <u>B</u> ; <u>660</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>East</u> Line of Section <u>7</u> Township <u>17-S</u> Range <u>36-E</u> , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Injection						
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When

If this production is commingled with that from any other lease or pool, give commingling order number: _____

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

W. B. L. L.

(Signature)

District Operations Manager

(Title)

6/1/85

(Date)

OIL CONSERVATION DIVISION

APPROVED 6/1 19 85
BY [Signature]
TITLE DISTRICT 1 SUPERVISOR

This form is to be filled in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened 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 allowable 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 filled for each pool in multiply completed wells.