STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

DISTRIBUTION				
LANTAFE				
FILE				
V.8.0.8,				
LAND OFFICE				
TRANSPORTER	DIL			
	GAL			
OPERATOR				
PROMATION OFFICE				

I.

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

RECUEST FCR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operaio	01							•		
TEX	ACO PRO	DUCIN	G INC.							
Addres	-									
P. 0	D. Box	728,	Hobbs, New	Mexico 8	8240					
Resson	(s) for file	ng (Chee	k proper box)				Other (Pleas			
	rw Well			Change in Tr	ansporter of:			of Operator fro		
	completio	•			Г	Dry Gas	TEXACO	PRODUCING INC.	effectiv	e 6/1/85.
	nange in O			Casinghe	radi Gas		1			
							<u> </u>			
If change of ownership give name and address of previous owner II. DESCRIPTION OF WELL AND LEASE										
Lense			WLILL AND LI	Well No. Po	ol Name, Includi	ng Formation		Kind of Lease		Lease No.
-	st Lovi	ngton	Unit	56 Lo	vington S	an Andres	West	State, Federal or Fee	State	B-4704
Locali		G	. 1980	Frei From T	North	Line and	1980	Feet From The	East.	
	t Letter	8	i Townshi	- 170		26.5	, NMPN	Taia		County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oll ar Condensate					Address (Give address to which a	approved copy of this form is to be sent)
Texas New Mexico Pipe Line Company (0095-0003)						
Name of Authorized Transporter of Casinghead Gas ar Dry Gaz Phillips Petroleum Co.			Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, TX 79762			
If well produces cil or liquide, give location of tanks.	Unii I	, sec. 115	17 wp.	Ro. 36E	ls gas actually connected? Yes	Unknown,

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

۰.

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.D. hh

(Signature) <u>District Operations Manager</u> (Title) (Date)

OIL CONSERVATION DIVISION					
APPROVED_	1111	6/11 19 85			
BY ELL	ul don				
TITLE DIST	RET 1 SUFERVISOR				

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

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

All sections of this form must be filled out completely for allovable 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 conditions

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