Lesse Name     Well No.     Peer Normal Net Net Provide Primetric       Lovington San Andres Unit     38     Lovington San Andres     Store, Federal or Fee Fee       Lescetion     F     990     Feet From The     East       Line of Section     6     Township     Store Influence     Feet From The       Line of Section     6     Township     175     Range     37E     NMPM.       III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS     ILea     NMPM.     Lea       Name of Authorized Transporter of Cill     or Condensate     P.O. Box 2528, Hobbs, N.M. 88240       Name of Authorized Transporter of Casinghead Gas     or Dry Gas     Address (Give address to which approved copy of this form is to be       Phillips Petroleum Company     4001 Penbrook, Odessa, Texas 79762     1       If well produces eil or liquide,     Unit     Sec.     Twp.     Res.     Is gas actually connected?     When				Form C-10 Revised 1	0-01-78
Addition     P. O. BOX 2088       Vitation     P. O. BOX 2088       SANTA FE, NEW MEXICO 87501       Add State Original Producting Inc.       Addition       Processor       Operation orrice       Authorized Transporter Original Inc.       Addition       Processor		OIL CONSER	VATION DIVISIO	DN Page 1	
SANTA FE. NEW MEXICO 87501       Land orrect       Transmorts       Transmorts       SANTA FE. NEW MEXICO 87501       RECUEST FOR ALLOWABLE       Authorized Transmorts       SANTA FE. NEW MEXICO 87501       RECUEST FOR ALLOWABLE       Authorized Transmorts       SANTA FE. NEW MEXICO 87501       RECUEST FOR ALLOWABLE       Authorized Transmorts       TEXECO       Producing Inc.       Address       P. O. Box 728, Hobbs, New Mexico 82240       Meren(s) for thing (Create proper box)       New Yell       Online (Please esplant)       Change in Transporter ef:       Out on the properties       Conner in Ownership       Conner in Ownership       Conner in Ownership       Conner in Ownership       Record Generative of previous owner       I. DESCRIPTION OF WILL AND LEASE       Level Nome       Level Nome       Mere of Authorized Tranship       Yell Producing The South       Invingtion San Andres Unit       17S       Range       Name of Authorized Tranship       Invest Section					·
Assess or rect     OIL     RECUEST FOR ALLOWABLE       Origination     Origination     AND       Authorization for rect     AND       Authorization for rect     AND       Authorization for rect     AND       Authorization for rect     Anthorization for rect       Producting Inc.     Authorization for rector       Address     P. O. Box 728, Hobbs, New Mexico 86240       Recencipilition     Out       New Yell     Change in Transporter of:       New Yell     Change in Transporter of:       Other (Piese esplain)     Change of Operator from Getty to       TEXACO Producing Inc.     12/31/84       Change of ownership     Out       Change of ownership give name     Casing Feen Transporter of:       Indicates of previous owner     New Yell       Levies Nome     State Permittion       Levies Nome     State Permittion   <		-			
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AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		REQUEST		•	
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TEXECO Producing Inc.       Address       P. O. Box 728, Hobbs, New Mexico 85240       Resen(s) for filing (Check proper box)       New Vell       Change in Transporter of:       Decomplation       Other (Please exploun)       Change in Ornership       Change in Ornership       Change of ownership       Change of ownership       Interse of Section       F     990       Feel From The       Line of Section       6     Townehip       Townehip     Or Condensate       Address (Give address to which approved copy of this form is to be       Name of Authorised Transporter of Coinophend Cos       I	OFFICE	AUTHORIZATION TO TR	ANSPORT OIL AND NATU	JRAL GAS	
TEXECO Producing Inc.       Address       P. O. Box 728, Hobbs, New Mexico 85240       Resen(s) for filing (Check proper box)       New Vell       Change in Transporter of:       Decomplation       Other (Please exploun)       Change in Ornership       Change in Ornership       Change of ownership       Change of ownership       Interse of Section       F     990       Feel From The       Line of Section       6     Townehip       Townehip     Or Condensate       Address (Give address to which approved copy of this form is to be       Name of Authorised Transporter of Coinophend Cos       I					
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Reston(s) for filing (Check proper box)     Change in Transporter of:     Other (Please explain)       New Well     Change in Transporter of:     Other (Please explain)       Recompletion     Ott     Dry Cas       Change of Operator from Getty to       Texaco Producing Inc. 12/31/84       Change of ownership     Casingheed Gas       Condensate     Condensate       In DESCRIPTION OF WILL AND LEASE       Leves Nome     Well No. Pool More Internation       Lowington San Andres Unit     38       Internation     Internation       Internation     Internation       State     Feel From The       State     Feel From The       State     Feel From The       Line of Section     Township       III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL CAS       Name of Authorized Transporter of Casingheed Gas     or Condensate       Phone of Authorized Transporter of Casingheed Gas     or Dry Gas       Phone of Authorized Transporter of Casingheed Gas     or Dry Gas       Name of Authorized Transporter of Casingheed Gas     or Dry Gas       Phone of Authorized Transporter of Casingheed Gas     or Dry Gas       Phone of Authorized Transporter of Casingheed Gas	Box 728, Hobbs, No	ew Mexico 88240			
New Well     Change in Transporter of:     Ont     Change of Operator Hold Getty to       Recompletion     Out     Dry Cas     TEXACO Producing Inc. 12/31/84       Change in Ownership     Costingheed Gas     Condensate     TEXACO Producing Inc. 12/31/84       It change of ownership give name     Costingheed Gas     Condensate     TEXACO Producing Inc. 12/31/84       It change of ownership give name     Costingheed Gas     Condensate     TEXACO Producing Inc. 12/31/84       It change of ownership give name     Mell No.     Feet Costingheed Gas     Condensate       It change of ownership give name     Mell No.     Feet No.     Feet No.       It change of ownership give name     Mell No.     Feet No.     Feet No.       It costs     State     No.     Feet No.     Feet From The       Leection     Feet From The     South     Getty Gas     660     Feet From The     East       Unit Letter     G     Township     Tros     South     Getty Gas     Address (Give address to which approved copy of this form is to be       Name of Authorised Transporter of Costingheed Gas     or Condensate     P.O. Box 2528, Hobbs, N.M. 88240       Name of Authorised Transporter of Castingheed Gas     or Dry Gas			Other (Pleas	e esplain)	
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Accompletion     Crimes in Ownership     Crimes in Ownership     Crimes in Ownership       In Change of ownership give name and address of previous owner     Interview of Cost of Condensate     Condensate       In DESCRIPTION OF WILL AND LEASE Locise Nome     Neili No. Food Nor & Inc. Mange Formation     Kind of Lease       Lovington San Andres Unit     38     Lovington San Andres     State of Feel From The State o			Dry Gas TEXACO	Producing Inc. 12/31	/84
I Change in Generating     Countership     Countership     Countership       I change of ownership give name     name     name     Name     Name       I. DESCRIPTION OF WILL AND IEASE     Isource including Formation     Kind of Leose       Locate Nome     Well No. Fool Norse including Formation     Kind of Leose       Locate Nome     Well No. Fool Norse including Formation     Kind of Leose       Locate Nome     Well No. Fool Norse including Formation     Store, Federal or Fee       Location     F     990     Feel From The     East       Lection     F     990     Feel From The     Generation       Line of Section     6     Township     17S     Range     37E     NMPM,       III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS     Or Condensate     Address (Give address to which approved copy of this form is to be       Name of Authorized Transporter of Cill or Condensate     P.O. Box 2528, Hobbs, N.M. 88240       Name of Authorized Transporter of Casinghead Gos or Dry Gos     Address (Give address to which approved copy of this form is to be       Phillips Petroleum Company     4001 Penbrook, Odessa, Texas 79762     Wen       If well produces of or thiguide,     Unit (Sec. Twp. Res.     Is ges actually connected?	pletion		=======		
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Interview     6     17S     37E     Lea       Line of Section     Township     17S     37E     NMPM.     Lea       III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS       Name of Authorized Transporter of Cill Concensate     Ascress (Give address to which approved copy of this form is 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 address to which approved copy of this form is to be       Phillips Petroleum Company     4001 Penbrook, Odessa, Texas 79762       If well produces off or liquids,     Unit     Sec.     Twp.     Rgs.     Is gas actually connected?     When		it 38 Lovington S	an Andres	Store, Federal ar Fee 100	]
Contraction     Township     175     Range     5711     NMPM,       III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS       Name of Authorized Transporter of Cit     or Condensate     Address (Cive address to which approved copy of this form is to be       Name of Authorized Transporter of Casinghead Gas2     or Condensate     Address (Cive address to which approved copy of this form is to be       Name of Authorized Transporter of Casinghead Gas2     or Dry Gas     Address (Cive address to which approved copy of this form is to be       Name of Authorized Transporter of Casinghead Gas2     or Dry Gas     Address (Cive address to which approved copy of this form is to be       Name of Authorized Transporter of Casinghead Gas2     or Dry Gas     Address (Cive address to which approved copy of this form is to be       Phillips Petroleum Company     4001 Penbrook, Odessa, Texas 79762       If well produces off or liquids,     Unit     Sec.     Twp.     Rge.     Is gas actually connected?     When	gton San Andres Uni F 990	South	660	East	]
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS       Name of Authorized Transporter of Cill Concensate       Name of Authorized Transporter of Concensate       P.O. Box 2528, Hobbs, N.M. 88240       Name of Authorized Transporter of Casinghead Gas or Dry Gas       Name of Authorized Transporter of Casinghead Gas or Dry Gas       Name of Authorized Transporter of Casinghead Gas or Dry Gas       Address (Give address to which approved copy of this form is to be       Phillips Petroleum Company       Is gas actually connected?       When       If well produces off or liquids,	F 990	South		East	]
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Name of Authorized Transporter of Casinghead Gas     or Dry Gas     Address (Give address to which approved copy of this form is to be 4001 Penbrook, Odessa, Texas 79762       Phillips Petroleum Company     Unit Sec. Twp. Rgs.     Is gas actually connected?     When       If well produces off or liquids,     Unit Sec. Twp. 267     Yos     I	F   990     Iter   F     Section   6     Town	South Feel From The ITS Range ORTER OF OIL AND NATU	660 _Line and	East Feel From The	
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f this production is commingled with that from any other lease or pool, give commingling order number:	F     990       Iter     F       Section     6       Town     6       GNATION OF TRANSPO     Town       GNATION OF TRANSPO     10       uthorized Transporter of Cill     1       -NM Pipeline Co.     (1)       uthorized Transporter of Casimire     1       ips Petroleum Component     1       duces off or liquids, for of tanks.     1	South Feel From The ITS Range DRTER OF OIL AND NATU or Condensate 0095-0512) nghead Gas or Dry Gas any Unit Sec. Twp. Rea B 1 17S 3	660 Line and 37E NMP IRAL GAS Asatess (Give address P.O. Box 2528 Address (Give address 4001 Penbrook Is gas actually connec 6E Yes	East Feel From The Lea to which approved copy of this form is , Hobbs, N.M. 88240 to which approved copy of this form is , Odessa, Texas 79762 ted7	s to be sent)

## VI. CERTIFICATE OF COMPLIANCE

1 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. h.h.

(Signalwe)

District Operations Manager

April 10, 1985

(Daie)

OIL CONSERVATION DIVISION 19 85 June APPRO BY DISTRICT 1 SUFERVISOR TITLE

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

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