STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT			· .					
							Form C-104 Revised 10-01-78 Format 05-01-83 Page 1	
						-		
		SANTA FE, NEV					•	
LAND OFFICE		5/11/2	• • _ • •					
TRANSPORTER DIL	•	•				•		
DAS		REQUEST FOR	R ALLO	WABLE				
OPERATOR		A	ND		•			
PROMATION OFFICE	AUTHOR	ZATION TO TRANSP	PORTO	IL AND NATU	RAL GAS			
I								
Operator								
TEXACO Producing Inc.								
Address								
P. O. Box 728, Hobbs, New	Mexico	o 88240						
Reason(s) for filing (Check proper box)				Other (Pleas				
New Well	Change in Transporter of: Change of Operator fi						to	
Recompletion	011		y Gas	TEXACO	Producing Inc	. 12/31/	84	
Y Change in Ownership			ondensate					
II. DESCRIPTION OF WELL AND LI	EASE Well No.	Fooi Name, Including F	ormation		Kind of Lease		Lease No.	
State BA	6	Vacuum Upper	Penn		State, Federal or Fee	State	B1565	
Location D 660	_ Feet Fro	North	• and	860	Feel From The	West		
Line of Section 36 Townshi	<u>۽</u> 17	5 Range	34E	, NMPN	, Lea		County	
III. DESIGNATION OF TRANSPOR	TER OF	OIL AND NATURAL	GAS			(
Name of Authorized Transporter of Ofi AA	or C	ondensats	Address	Give address	to which approved cop	y of this form is	to be senty	
Texas- NM Pipeline Co. (0095-0725)			P.O. Box 2528, Hobbs, N.M. 88240 Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casingh	ad Gas 🕅	y or Dry Gas	Addres	Give address	to which approved cop	y of this form is	to be sent)	
Phillips Petroleum Company			4001	Penbrook.	<u>Odessa, Texa</u>	s 79762		
Un Un	i Sec	. Twp. Rge.		actually connect	When			
If well produces oil or liquids, give location of tarks.		6 17S 34E	Ye	S 	10,	/15/72		
If this production is commingled with th	st from ar	iy other lease or pool,	give cor	nmingling orde	r number:	PC-1	47	
NOTE: Complete Parts IV and V on	reverse s	ide if necessary.	11					
VI. CERTIFICATE OF COMPLIANCE			OIL CONSERVATION DIVISION					
I hereby certify that the rules and regulations o been complied with and that the information giv	f the Oil C en is true a	onservation Division have nd complete to the best of	APPI		A shaft	6/1	, 19	

W. D

(Signature) District Operations Manager (Tule)

April 11, 1985

my knowledge and belief.

. . . .

(Date)

DISTRICT I 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 cut 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.

