

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.U.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROMOTION OFFICE	

Operator TEXACO PRODUCING INC.	
Address P. O. Box 728, Hobbs, New Mexico 88240	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input checked="" type="checkbox"/> Change in Ownership	Change of Operator from TEXACO INC. TO TEXACO PRODUCING INC. effective 6/1/85.
Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate	

change of ownership give name and address of previous owner \_\_\_\_\_

DESCRIPTION OF WELL AND LEASE

Lease Name West Lovington Unit	Well No. 25	Pool Name, including Formation Lovington San Andres West	Kind of Lease State, Federal or Fee	State State	Lease No. B-1553
Location Unit Letter <u>I</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>East</u> Line of Section <u>4</u> Township <u>17S</u> Range <u>36E</u> , NMPM, Lea County					

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas New Mexico Pipe Line Company (0095-0003)	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2528, Hobbs, N.M. 88240									
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Co.	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, TX 79762									
<table border="1"> <tr> <td>Is well produces oil or liquids, give location of tanks.</td> <td>Unit I</td> <td>Sec. 5</td> <td>Twp. 17S</td> <td>Rge. 36E</td> </tr> </table>	Is well produces oil or liquids, give location of tanks.	Unit I	Sec. 5	Twp. 17S	Rge. 36E	<table border="1"> <tr> <td>Is gas actually connected?</td> <td>When</td> </tr> <tr> <td>Yes</td> <td>2/1/67</td> </tr> </table>	Is gas actually connected?	When	Yes	2/1/67
Is well produces oil or liquids, give location of tanks.	Unit I	Sec. 5	Twp. 17S	Rge. 36E						
Is gas actually connected?	When									
Yes	2/1/67									

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.

I. 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. Loh

(Signature)

District Operations Manager

(Title)

6/1/85

(Date)

OIL CONSERVATION DIVISION

APPROVED

6/1/85

BY

DISTRICT 1 SUPERVISOR

TITLE

This form is to be filed 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 filed for each pool in multiply completed wells.