

OIL CONSERVATION DIVISION

P. O. BOX 2058
SANTA FE, NEW MEXICO 87501

Form O-104
Revised 1-1-79
Formal O-41783
Page 1

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U.S.C.A.
LAND OFFICE
TRANSPORTER
OIL
GAS
OPERATOR
PRODUCTION OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. OPERATOR

Company: Texas New Mexico Pipeline Co.

Address: P.O. Box 2058, Hobbs, New Mexico 88240

Reasons for filing (Check proper box):

<input type="checkbox"/> New Well	<input type="checkbox"/> Change in Transporter or	<input type="checkbox"/> Other (Please explain)
<input type="checkbox"/> Extension of Lease	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Change of Ownership	<input checked="" type="checkbox"/> Gas in Lease	<input type="checkbox"/> Condensate

If change of ownership give NAME and address of previous owner: _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>East Eumont Unit</u>	Well Name, Pool Name, including Formation <u>19 Eumont Yates 7-Rivers Queen</u>	Kind of Lease <u>State, Federal or Fee</u>	Lease No. <u>Federal NM-009141</u>
Location			
Unit Letter <u>E</u>	<u>2065</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u> Line of Section <u>4</u> Township <u>19S</u> Range <u>37E</u> NMPM, <u>Lea</u> County		

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Texas New Mexico Pipeline Co (0055-1951)</u>	Address (Give address to which approved copy of this form is to be sent) <u>PO Box 2528, Hobbs, New Mexico 88240</u>					
Name of Authorized Transporter of Gas in Lease <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>None</u>	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 <u>M</u>	Sec. <u>3</u>	Twp. <u>19S</u>	Rge. <u>37E</u>	Is gas actually connected? <u>No</u>	When <u>1</u>

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.

Ja Head
(Signature)
Hobbs Area Superintendent 397-3571
(Title)
9-9-88
(Date)

OIL CONSERVATION DIVISION

APPROVED SEP 22 1988 19
BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I 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 O-104 must be filed for each pool in multiply completed wells.

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Rev. 11-01-78
Format 05-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Texaco Producing Inc.	
Address PO Box 728, Hobbs, New Mexico 88240	
Reason(s) for filing (Check proper box)	
<input type="checkbox"/> New Well	Change in Transporter of:
<input type="checkbox"/> Recompletion	<input checked="" type="checkbox"/> Oil
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Dry Gas
	<input checked="" type="checkbox"/> Casinghead Gas
	<input type="checkbox"/> Condensate

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name East Eumont Unit	Well No. 19	Pool Name, including Formation Eumont Yates 7-Rivers Queen	Kind of Lease State, Federal or Fee Federal NM	Lease No. 029141
Location				
Unit Letter H	2065	Feet From The North	660	Feet From The East
Line of Section 4	Township 19S	Range 37E	NMPM, Lea	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

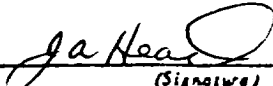
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas New Mexico Pipeline Co (0055-1951)	Address (Give address to which approved copy of this form is to be sent) PO Box 2528, Hobbs, New Mexico 88240					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> None	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 M	Sec. 3	Twp. 19S	Rge. 37E	Is gas actually connected? No	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.


(Signature)
Hobbs Area Superintendent 397-3571
(Title)
9-9-88
(Date)

OIL CONSERVATION DIVISION

APPROVED **SEP 22 1988** 19_____
BY **ORIGINAL SIGNED BY JERRY SEXTON**
DISTRICT I SUPERVISOR
TITLE _____

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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.

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

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PERATOR	
ADDITION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator

Texaco Producing Inc.

Address

P. O. Box 728, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

☐ New Well ☐ Change in Transporter of:
☐ Recompletion ☐ Oil ☐ Dry Gas
☐ Change in Ownership ☐ Casinghead Gas ☐ Condensate

Other (Please explain)

Change of Operator from Getty to
TEXACO Producing Inc. 12/31/84

Change of ownership give name

Address of previous owner

DESCRIPTION OF WELL AND LEASE

Well Name East Eumont Unit	Well No. 19	Foot Name, including Formation Eumont Yates 7-Riv. Queen	Kind of Lease State, Federal or Fee FEDERAL	Lease No. NM029141
Location H 2065' North 660' East	Unit Letter : Feet From The Line and Feet From The			
Line of Section 4 Township 19S Range 37E	M.P.M. Lea County			

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 Pipeline Co. (0055-1951) Well Pipeline Corp.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2528, Hobbs, NM 88240 P.O. Box 1910, Midland, TX 79702
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Arran Petroleum Corp.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1589, Tulsa, OK 74102
Well produces oil or liquids, or location of tanks. Unit M Sec. 3 Twp. 19S Rge. 37E	Is gas actually connected? Yes

If 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.

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)

April 4, 1985

(Date)

OIL CONSERVATION DIVISION

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

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