

OIL CONSERVATION DIVISION

P C 62 A 1123

SANTA FE NEW MEXICO 1931

REQUEST FOR ALLOCABLE
AND

AUTHORITY IN TO TRANSFER TO NATIONAL GAS

1. The first step in the process of identifying a problem is to recognize that a problem exists. This involves gathering information about the situation and identifying the specific issue that needs to be addressed.

$$N^2 = \frac{1}{2} \left(\frac{1}{\lambda} + \frac{1}{\mu} \right) \left(\frac{1}{\lambda} + \frac{1}{\mu} \right) = \frac{1}{2} \left(\frac{1}{\lambda} + \frac{1}{\mu} \right)^2$$

1.

☐ New Test	☐ Change in Translation		
☐ Service Order	☒ Old	Item	Date Recd.
☐ Delivery or Rejection	☒ Discontinued Item	Item	Date Recd.

1. The first step is to identify the problem or question that needs to be answered. This involves understanding the context and the specific requirements of the task.

IL DISCONTINUA CHEVALL AND LEASE

Agency Name	Acct. No.	Acct. Name and Address (City, State, Zip)	1. Title of Lease	Lease No.
East Mont. Unit	00	Diamond Valley Ranch, L.P.	Oil & Federal Oil Fee	1000

Unit Letter 2 1000 Feet From The South Line and 10 Feet From The East
 Line of Section 4 Township 10S Range 37E N. 40.00' 100' 100' County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter or Owner ☒ or Consignee ☐ Address (Give address to which approved copy of this form is to be sent)

Texas New Mexico Pipeline Co (0055-1951) PC Box 2528, HDbbs, New Mexico 88240

Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
None	

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	M	3	19S	37E	No	

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 Heale
(Signature)

Hobbs Area Superintendent 397-3571

(Title)

6-9-88

(Ccie)

OIL CONSERVATION DIVISION

APPROVED _____ JUL 28 1960 . 19 _____

BY: ORIGINAL SIGNED BY JERRY SEXTON

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 AULG 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 multiple completion.

DEPARTMENT	
DISTRICT	
SANTA FE	
FILE	
U.C.D.	
LAND OFFICE	
TRANSPORTER	OIL
OPERATION	GAS
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION

P. O. BOX 2028
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 11-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator
Texas Producing Inc.

Address
P.O. Box 728, Hobbs, New Mexico 88241

Reasons for filing (Check proper box)

☐ New Well	Change in Transportation of:	☐ Dry Gas
☐ Recombination	☒ Oil	☐ Condensate
☐ Change in Ownership	☒ Gas and/or Gas	☐ 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. 22	Pool Name, including Formation Bumont Yates T-Rivers 2 secon.	Kind of Lease State, Federal or Fee FEE	Lease No.
Location				
Unit Letter I	1983	Feet From The South	Line and 600	Feet From The East
Line of Section 4	Township 19S	Range 37E	N.M.P.U.	Dea
County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ 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 Gas ☒ or Dry Gas ☐ 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

SEP 22 1988

APPROVED _____, 19____
BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR
TITLE _____

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