STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

(Signature)

(Tule)

(Date)

District Operations Manager

April 4, 1985

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DISTRIBUTION			
BARTA FE			
PILE			
U.1.0.A.			
LAND OFFICE			
TRANSPORTER	OIL		
	0 4 5		
OPERATOR			
PROMATION OFFICE			

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

OPERATOR PROMATION OFFICE	AUTHORIZATION	· ·	ND		IRAL GAS		
Operator							
TEXACO INC.							· · · · · · · · · · · · · · · · · · ·
Address P. O. Box 728, Hobbs, Ne	ew Mexico 88240)					
Resson(s) for filing (Check proper box)				Other (Please	*		
New Well	Change in Transport	ter ol:	Change of Operator from Getty to				
Recompletion	OII	p	Dry Gas TEXACO INC effective 12/31/84			84	
X Change in Ownership	Casinghead Gas	<u> </u>	ondensate				
change of ownership give name address of previous owner							
I. DESCRIPTION OF WELL AND	LEASE Well No. Poor Name	a lactuates F	nrmation		Kind of Lease		Lease No.
Lease Name Engt Ermont Unit	1 1		7-Riv. Queen		State, Federal or Fee	State	B-246-1
East Eumont Unit	33 EUROITE	lates /	-KTA. O	ucen		Dutte	
Unit Letter:	O Feet From The No	orthLin	ne and	L980	Feet From The Wes	st	
Line of Section 10 Towns	19S	Range 37E	 	, NMPM	. Lea		County
II DESIGNATION OF TRANSPO	PTER OF OIL AND	NATTIRAT	GAS				
II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL Name of Authorized Transporter of CII To or Condensate Texas New Mexico Pipe.ine Co. Shell Pipeline Corp.			P.O. Box 2528, Hobbs, NM 88240 P.O. Box 1910, Midland, TX 79702				
Name of Authorized Transporter of Castne	ghead Gas 🔯 💮 or Dry	Gas 🗀	Address (ive address i	o which approved copy of	this form is	to be sent;
Warren Petroleum Corp.			P.O. Box 1589, Tulsa, OK 74102				
	M 3 199	Rqe. 37E	Yes	ually connecte	d? When		
this production is commingled with t	that from any other le	ase or pool,	give comm	ingling order	number:		
NOTE: Complete Parts IV and V of							
1. CERTIFICATE OF COMPLIANCE	Œ	<u> </u>	OIL CONSERVATION DIVISION				
	of the Oil Consequeing 1	Division have	APPRO		APR 1 0 1985	,	10
creby certify that the rules and regulations a complied with and that the information g	given is true and complete	to the best of	7 7 (101111	11/11/	,	
nowledge and belief.			BY	+1/m	XXXXIII		
		-	TITLE	DISTRIC	T I SUFÉRVISOR		
w.B. h.					A - #15 - # 1 11		
W.D. h.		į.	This form is to be filed in compliance with RULE 1104.				

well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with AULE 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.

APR -8 1985 HORDS OFFICE