STATE OF NEW MEXICO NERGY AND MINERALS DEPARTMENT

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RANSPORTER	OIL		
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PERATOR			
COSATION COS	-		

OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

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

Separate Forms C-104 must be filed for each pool in multiply

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

PROMATION OFFICE	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS							
Producing Tra	 				·	•		
TEXACO Producing Inc.							···	
P. O. Box 728, Hobbs, New	Mexic	o 88240						
esson(s) for filing (Check proper box)					Other (Pleas	e explain)		
New Asil	Change i	in Transporter of:		Change of Operator from Getty to				
Recompletion	Cit			Dry Cos TEXACO Producing Inc. 12/31/84				
Change in Ownership	Cos	inghead Gas	<u> </u>	Condensate				
change of ownership give name d address of previous owner								
DESCRIPTION OF WELL AND LI	EASE							
ecse Name	1	Fooi Name, Inci	waing F	ormation		Kind of Lease	Lecse No.	
last Eumont Unit	47	Eumont Ya	tes 7	7-Riv. Q	ueen	Signe, Federal or Fee State	E5889 - 1	
Unit Letter P: 660	_Feat Fro	East	t	ne and	660	Feet From The South		
16	19		2	37				
Line of Section Townshi	D 17	Ran	7Q4)	· · · · · · · · · · · · · · · · · · ·	, NMPM,	, Lea	County	
L DESIGNATION OF TRANSPORT	TER OF (OIL AND NAT	ΓURΑΙ	L GAS				
exas New Mexico Pipe.ine hell Pipeline Corp.	co. " ((0055-1951)		P.O.	Box 2528,	Hobbs, NM 88240 Midland, TX 79702 which approved copy of this form to	•	
ame of Authorized Transporter of Counghs	rad Gas 🔀	or Dry Gas [\supset				is to be sent)	
arren Petroleum Corp.	Sec.	. Twn 8	ige.		DOX 1009,	Tulsa, OK 74102		
well produces oil or liquids,		16 19	37	Yes		, when	1957	
his production is commingled with the	t from an	y other lesse or	pool,	give commi	ingling order	number:		
OTE: Complete Parts IV and V on	reverse si	ide if necessary						
CERTIFICATE OF COMPLIANCE				OIL CO	INSERVATION DIVISION			
			j	I I.	\wedge		6/1 85	
a complied with and that the information given is true and complete to the best of				APPRO	veo		-, 19	
knowledge and belief.			- 1	BY	27M2	X Mary		
				TITLE.	DISTRIC	I 1 SUFÉRVISOR	·	
w. b. hh			This form is to be filed in compliance with RULE 1104.					
(Signature)				well, this	e form must b	et for allowable for a newly dri be accompanied by a tabulation all in accordance with RULE 1	of the deviation	
istrict Operations Manager (Tule)			All sections of this form must be filled out completely for allowable on new and recompleted wells.					
April 4, 1985			Fill	out only Sec	ctions I. II. III. and VI for chi	inges of owner		
(Date)			- 11	well name	s or number, o	or transporter, or other such char	ige of condition.	

completed wells.