STATE OF NEW MEXICO ERGY AND MINERALS DEPARTMENT

(Date)

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DISTRIBUTION		
LE		
4.0.4.		
AND OFFICE		
MANSPORTER	DIL	
	0.1	
PERATOR		
De ATION CE		

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

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

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

REDUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

AUTHORIZATION TO TRANSF	OK OLE TOO		
010101			
Producing Inc.			
dress			
O. Box 728, Hobbs, New Mexico 88240			
reson(s) for filing (Check proper box)		(Please explain)	.
New Well Change in Transporter of:	Change of Operator from Getty to		
J recompliance	TEXACO Producing Inc. 12/31/64		
Change in Ownership Castnahead Gas Ca	ondensare		
hange of ownership give name address of previous owner			
DESCRIPTION OF WELL AND LEASE Name Name Nam	ormation	Kind of Lease	Lease No.
		State, Foderal or Foo State	A-1469
ase Eurone office	-MIV. Queen		—
resion South	660		West
Unit Letter L : 1980 Feet From The South Lin	and 000	Feet From The	
22 Tamelia 19S Range	37E	NMPM. Lea	County
Line of Section 22 Township 190 Hange	•		
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL	GAS		
The of Authorized Transporter of CII To er Candensate	i Annibes ((ve 66	dress to which approved copy of this form is	to be sent)
exas New Mexico Pipa.ine Co. (0055-1951)	IDA: Box 1	2528, Hobbs, NM 88240 1910, Midland, TV 79702	
hell Pipeline Corp. Ime of Authorized Transporter of Casinghead Gas (T) or Dry Gas (T)	Address (Give as	dress to watch approved copy of this form is	to be sent/
arren Petroleum Corp.	P.O. Box 1	1589, Tulsa, OK 74102	
well produces oil or liquids. Unit Sec. Twp. Rqs.	le gas ectually e	onnected? When	
L 22 19 37	Yes		1957
his production is commingled with that from any other lease or pool,	give commingling	order number:	
OTE: Complete Parts IV and V on reverse side if necessary.	••		
CERTIFICATE OF COMPILANCE		OIL CONSERVATION DIVISION	
CERTIFICATE OF COMPLIANCE		6/1	8.5
reby certify that the rules and regulations of the Oil Conservation Division have	APPROVED.		, 19
n complied with and that the information given is true and complete to the best of	BY 2	Met Sellon	
knowledge and belief.	77	STRICT I SUFERVISOR	
	TITLE	STHICT I SUFERVISOR	
w.B. hh	This form	is to be filed in compliance with RUL	E 1104.
W.D. an	trebis la	a request for allowable for a prwiy drli	led or deepence
(Signature)	wall this form	must be accompanied by a tabulation	of the deviation
District Operations Manager		the well in accordance with RULE to	
[Title]	able on new a	nd recompleted wells.	,
April 4, 1985	Fill out o	only Sections I. H. III. and VI for the	inges of owner
(Date)	well name or n	umber, or transporter, or other such than	ge of condition

completed wells.