STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

90. DF CPFICE 910	****		
DISTRIBUTION			
SANTA PE			
FILE			
V.3.0.4.			
LAND DEFICE		1	
TRANSPORTER	DIL	DIL	
	GAL		
OPERATOR			
PROBATION 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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

PROBATION OFFICE		TION TO TRANSPORT OIL AND NATURAL GAS			
I.	ACTION LOTTER OF				
Operator			•		
TEXACO Producing Inc.					
P. O. Box 728, Hobbs, New	Mexico 88240				
Reason(s) for filing (Check proper boz)		Other (Pleas			
New Well	Change in Transporter of:	Change of Operator from Getty to			
Recompletion	O11 D7	TEXACO Producing Inc. 12/31/84			
X Change in Ownership	Casinghead Gas Ca	ondensule			
If change of ownership give name and address of previous owner					
II. DESCRIPTION OF WELL AND LE	ASE				
Lease Name	Well No. Pool Name, Including Fo	_	Kind of Leose	Lease No.	
East Eumont Unit	70 Eumont Yates 7	7-Rivers Queen	Signe, Federal or Fee State	B-246-1	
Location G 1980	North Lin	1980	Feet From The East		
Unit Letter :					
Line of Section 27 Townshi	p 19S Bange 3	37Е , ммря	, Lea	County	
III. DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil Injection Name of Authorized Transporter of Casinghe	or Condensate	Address (Give address	to which approved copy of this form i		
If well produces oil or liquids, give location of tanks.	Sec. Twp. Rge.	1. 632 82188117 2011112			
If this production is commangled with the	it from any other lease or pool.	give commingling orde	er number:		
NOTE: Complete Parts IV and V on	reverse side if necessary.				
VI. CERTIFICATE OF COMPLIANCE		OIL C	CONSERVATION DIVISION 6/1	85	
I hereby certify that the rules and regulations of been complied with and that the information given my knowledge and belief.	en is true and complete to the best of	BY	1 SUPERVISOR	., 19	
w.B. h.l	<u>_</u>	- · ·	be filed in compliance with RU uest for allowable for a newly dri		
(Signature) District Operations Manage	er	well, this form mus tests taken on the	t be accompanied by a tabulation well in accordance with RULE t	of the deviatio	
April 4, 1985		All sections of this form must be filled out completely for allos able on new and recompleted wells.			
(Date)		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 Form completed wells.	E C-104 must be filed for each	pool in multipl	