STATE OF NEW MEXICO

MERGY AND MINERALS DEPARTMENT

DISTRIZUTI	\vdash		
A-1 A FE		$\overline{}$	\vdash
ILE	1		
.2.0.4.	1		
AND OFFICE		1	
AAHSPORTER	DIL		
	0		
PERATOR			
POPATION CFF			

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

Form C-104 Revised 10-01-78 Format 06-01-63 Page 1

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

REQUEST FOR ALLOWABLE

MOMATION OFFICE	AUTHO	RIZATION TO T		AND ISPORT OIL	AND NATU	IRAL GAS		
perdiot								
TEXACO Producing Inc.								
P. O. Box 728, Hobbs, New	Mexic	o 88240						
eason(s) for filing (Check proper box)		**** 			Other (Please	e explain)		
[™] ਮ•= ਕ•।।	Change in Transporter of: Change of Operator from Getty to			to				
Recompletion	Cii			TEXACO Producing Inc. 12/31/84			34	
Y) Change in Ownership	Cast	inghead Cas	<u> </u>	Condensale				
change of ownership give name d address of previous owner								
DESCRIPTION OF WELL AND LE	EASE							
PCS4 Name	Well No.	Foci Nama, Inc.	walng .	aing Formation		Kind of Lease		Leas No.
ast Eumont Unit	69	Eumont Yat	es	7-Riv. Q	ueen	State, Federal or Fee	State	E-6888
ocation		Noxt	.h	•	7000			
Unit Letter F : 1980	_Feel Fro	m The	L .i	ine and	1980	Feet From The	West	
Line of Section 27 Township	, 19S	Ranc	q e	37E	, кири,	Lea	······································	County
. DESIGNATION OF TRANSPORT	י דר מדי	ጎም ለአጥ ን ኢየልፕ	א מוד	1 (315				
exas New Mexico Pipe.ine (hell Pipeline Corp.	or C	ancensale		P.O. I	30x 2528,	Hobbs, NM 882 Midland, TX	240	o be seal)
ame of Authorized Transporter of Casingne arren Petroleum Corp.	aa Gas 📉	or Dry Gas	5	Address (C	ive aadress to	Tulsa, OK 74	of this form is in	o be sent/
well produces oil or liquids. Unit	, 5•c. 27	19	37	Yes	early connected	a? When		
his production is commingled with the	t from an	y other lease or	pool,	give commi	ingling order	number:		
TE: Complete Parts IV and V on	reverse si	ide if necessary.						
CERTIFICATE OF COMPLIANCE					OIL CC	INSERVATION D		
reby certify that the rules and regulations of a complied with and that the information give knowledge and belief.				APPRO	1/1/2	1 Setto	6/1	19
				TITLE.	/	I SUFERVISOR		
w.B. hh	~			[]		be filed in compliant at for allowable for		
(Signature) istrict Operations Manage	r			well, this tests tak	s form must be on on the wi	be accompanied by all in accordance w	e tabulation of ith RULE 111.	the deviation
πule) April 4, 1985				able on r	new and reco	his form must be fill impleted wells.	•	•
(Doint			- 1	F 111	out only Se	ctions I. II. III. an	G VI 107 Chang	of condition

completed wells.