## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

<b>90. 64 19741 911</b>	****		
HOI TUBI RTEIQ			
BANTA FE			
FILE			
U.S.G.S.			
LAND DFFICE			
TRANSPORTER	OIL		
	GAL		
OPERATOR			
PRORATION 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

Separate Forms C-104 must be filed for each pool in multiprompleted wells.

REQUEST FOR ALLOWABLE AND

PROPATION OFFICE	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS							
I								
Operator								
TEXACO Producing Inc.				<del></del>	······································		<del></del>	
P. O. Box 728, Hobbs, New	Mexico	88240			<del>-</del>			
Resson(s) for filing (Check proper box)	Other (Please explain)							
New Well	Change in Transporter of:  Change of Operator from Getty to TEXACO Producing Inc. 12/31/84							
Recompletion	O11		ه لیا	ry Gas	TEXACO .	Producing inc.	12/31/8	) <del>4</del>
Change in Ownership	Casingh	eod Gas	c	ondensate				
If change of ownership give name and address of previous owner						· · · · · · · · · · · · · · · · · · ·		
II. DESCRIPTION OF WELL AND L	EASE   Well No.   P	ool Nose Ji	ortuging F	ormation		Kind of Lease		Lease No
Lease Name	1 !				e Oueon	State, Federal or Fee	State	A-1118
East Eumont Unit	85	Eumont	rates	/-River	s Queen			-1
Location			_	_			East	
Unit Letter A : 330	_ Feet From	The <u>Nor</u>	<u>th</u> L	ne and3	30	Feet From The	Last	
				220		Top		County
Line of Section 34 Townsh	ip 19S		Range	37E	, NMPN	, Lea		
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)  Injection  Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)								
If well produces oil or liquids, give location of tanks.	Sec.	Twp.	Rge.	is das a	tually connect	ed? When		
If this production is commingled with the	hat from any	other leas	e or pool.	give com	mingling orde	r number:		
NOTE: Complete Parts IV and V or							VISION	
VI. CERTIFICATE OF COMPLIANCE  OIL CONSERVATION DIVISION  6/1 8					85			
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.			APPR	BY MUSIKAN 19				
				TITL	DISTRI	CT I SUFERVISOR		
w.B. hh			T	This form is to be filed in compliance with RULE 1104.  If this is a request for allowable for a newly drilled or deepen well, this form must be accompanied by a tabulation of the deviati				
(Signature	-			tests	taken on the	well in accordance wit	IN RULE 11	1.
District Operations Manag	All sections of this form must be filled out completely for allo- able on new and recompleted wells.							
April 4, 1985				-	ill out only	Sections 1. II. III. and	VI for cha	nges of owns
(Date)			well n	eme or numbe	r, or transporter, or other	r such chan	ge of condition	

RECEIVED

MAY 31 1985

NOBEL STATE