

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES DESIRED	
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S.O.A.	
DATE AND OFFICE	
TRANSPORTER	OIL
OPERATOR	GAS
REGISTRATION 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

Operator  
TEXACO Producing Inc.  
Address  
P. O. Box 728, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)	Change in Transporter of:	Other (Please explain)
<input type="checkbox"/> New Well	<input type="checkbox"/> Oil	Change of Operator from Getty to
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Casinghead Gas	TEXACO Producing Inc. 12/31/84
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Dry Gas	
	<input type="checkbox"/> Condensate	

Change of ownership give name  
address of previous owner

DESCRIPTION OF WELL AND LEASE

Well Name	Well No.	Foot Name, including Formation	Kind of Lease	Lease No.
East Eumont Unit	102	Eumont Yates 7-Riv. Queen	State, Federal or Fee State	B-2736
Location	Unit Letter	Feet From The	Line and	Feet From The
	P	660	South	660
			East	
	35	19S	37E	Lea
				County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Texas New Mexico Pipeline Co. (0055-1951)	P.O. Box 2528, Hobbs, NM 88240
Well Pipeline Corp.	P.O. Box 1910, Midland, TX 79702
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Warren Petroleum Corp.	P.O. Box 1589, Tulsa, OK 74102
Well produces oil or liquids.	Is gas actually connected?
Location of tanks.	When
Unit P	Yes
Sec. 35	1957
Twp. 19	
Rge. 37	

If production is commingled with that from any other lease or pool, give commingling order number:

NOTE: Complete Parts IV and V on reverse side if necessary.

CERTIFICATE OF COMPLIANCE

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.

W. B. L. L.

(Signature)

District Operations Manager

(Title)

April 4, 1985

(Date)

OIL CONSERVATION DIVISION

APPROVED 6/1 19 85

BY [Signature]

TITLE DISTRICT 1 SUPERVISOR

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

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 Forms C-104 must be filed for each pool in multiple completed wells.

RECEIVED

MAY 31 1985

MOBILE OFFICE