STATE OF NEW MEXICO								
NERGY AND MINERALS DEPARTMENT						Form C-104		
						Revised 10-01-1 Format 06-01-8		
SANTA PE OTL CONSERVATION DIVISION						Page 1		
URICAL SANTA FE, NEW MEXICO 8750								
LAND OFFICE	• .						•	
TRANSPORTER OIL	DE	JEST FO						
OPERATOR	KL.		ND	ABLE	•			
PROPATION OFFICE	AUTHORIZATION T	O TRANS	PORT OIL	AND NATUR	AL GAS			
Operator				•				
TEXACO Producing Inc.								
P. O. Box 728, Hobbs, Ne	w Mexico 88240							
Reason(s) for filing (Check proper box)				Other (Picase e				
New Vell	Change in Transporter			-	Operator from			
Recompletion		F	Y Gas	TEXACO P	roducing Inc.	12/31/84	ŧ	
X Change in Ownership	Casinghead Gas		ondensate	<u> </u>				
I change of ownership give name and address of previous owner								
•								
1. DESCRIPTION OF WELL AND	Well No. Pool Name,	Including F	ormation	×	ind of Lease		Loase No.	
L. Van Etten	3 Eunice	Monument	: Grayb	urg San i ^s	tate, Federal or Fee	Fee	•	
Location				Andı	ces			
Unit Letter N : 660	Fest From TheS	outh	e and		Feel From The Nest	<u>t</u>		
Line of Section 9 Towns	20S	Range 3	37E	, NMPM,	Теа		County	
			<u> </u>					
III. DESIGNATION OF TRANSPO			GAS	IC	which approved corr of	151: form it to	herenci	
Name of Authorized Transporter of Oll A or Condensate				Assess (Give address to which approved copy of this form is to be sent) P.O. Box 1910, Midland, TX 79702				
Shell Pipeline Corp. Name of Authorizon Transporter of Cosinghead Gas 🖄 or Dry Gas				Give address so	Wich approved copy of	19/02 this form is to	be sentj	
Warren Petroleum Corp.	_	—	P.(). Box 1580	Tulsa, OK 74	102		
If well produces oil or liquids,	nii Sec. Twp.	Rge.		tually connected				
give location of tanks.	I 9 20	: 37	Ye	25	Unknown			
If this production is commingled with t	that from any other lea	se or pool,	give com	mingling order r				
NOTE: Complete Parts IV and V of	on reverse side if nece	ssary.						
VI. CERTIFICATE OF COMPLIANCE				OIL CO	NSERVATION DIV	ISION		
I hereby certify that the rules and regulations	of the Oil Conservation D	ivision have	APPR		1 1	<u> </u>	<u>9 85</u>	
been complied with and that the information given is true and complete to the best of				Laise	A.t.	, ·		
my knowledge and belief.			BY	Fim	2 aum			
			TITLE	/ DISTRICT	1 SUFERVISOR			
W. D. h.	2		п	his form is to b	e filed in compliance	with RULE	1104.	
					at for allowable for a			
(Signatur District Operations Name	-				e accompanied by a t ill in accordance with		the deviation	
District Operations Manager				All sections of this form must be filled out completely for allow- able on new and recompleted wells.				
April 30, 1985			FI	Il out only Se	ctions I. II. III, and			
(Date)			well na	me or number, a	or transporter, or other	such change	of condition.	

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

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