STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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DISTRIBUTION			T
BANTA FE	1	 	
PILE	1-	 	
U.S.O.A.		┼─	
LAND DFFICE		1-	-
TRANSPORTER	DIL		
	GAS		
OPERATOR			
PROBATION OFFICE		\vdash	

OIL CONSERVATION DIVISION

P. O. BOX 2088

SAUTA FE, NEW MEXICO 87501

Form C-104 Revised 10-01-78

Format 06-01-83 Page 1

REQUEST FOR ALLUMABLE	
AND	
AUTHORIZATION TO TRANSPORT OIL AND NATURAL	Gas

PROPATION OFFICE	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS				
Operator			THE REPORT OF THE PERSON OF TH		
TEXACO Producing Inc.			·		
P. O. Box 728, Hobbs, Ne	w Mexico 88240				
Reason(s) for filing (Check proper box)	Other (Please explain)				
New Well Recompletion	Change in Transporter of:		Change of Operator from Getty to		
Change in Ownership	Casingheod Cas	Dry Gas TEXACO Producing Inc. 12/31/84 Condensate			
If change of ownership give name and address of previous owner					
II. DESCRIPTION OF WELL AND I	LEASE				
L. Van Etten	Heli No. Pool Name, Including		Kind of Lease		Lease No
Location	8 Weir Blinebry	7	State, Federal or Fed	Fee	E COLO INC
Unit Letter P : 650	Feet From The South	ins and	990 Foot From The	Bast	
Line of Section 9 Townsh			, MAPE, Tide		
			, MARIE T.O.O.		Chents
III. DESIGNATION OF TRANSPOR	RTER OF OIL AND NATURA	AL GAS			
Shell Pipeline Co.	or Condensate	Andress (G	ive address to which approved copy	of this form is	10 be sent)
Name of Authorized Transporter of Casings	read Gas XX or Dry Gas	IP.O. Bo	EX 1910, Midland, TX 7	9702	
Warren Petroleum Co.		P.O. B	ox 1589, Tulsa, OK 741	C) this form is	to be sent)
If well produces oil or liquids. Un	It Sec. Twp. Rge.	ls gas actu	ally connected? When	02	
give location of tanks.	9 ; 205 ; 37	E Yes	Unkno	⊌m	
f this production is commingled with th		, give commin	ngling order number:	PC-439	
NOTE: Complete Parts IV and V on	reverse side if necessary.				
7. CERTIFICATE OF COMPLIANCE	· - - · - - ·		OIL CONSEDUATION	N. 40.00	
		1.	OIL CONSERVATION D		
hereby certify that the rules and regulations of een complied with and that the information gives	t the Oil Conservation Division have en is true and complete to the beer of	APPRO	/ 4 D	6/1	19 85
y knowledge and belief.	a sample to the best of	BY	uns Set	· •	
,		1 -1-1	DISTRICT I SUFERVISOR		
w B. hl		Tole			
(Signature)		ll If thi	form is to be filed in complian is a request for allowable for form must be accompanied		_
District Operations Manage	er	tests take	n on the well in accordance w	a tabulation of ith RULE 111.	the deviation
April 30, 1985 (Tule)		All se	ections of this form must be fill sw and recompleted wells.	ed out complet	tely for allow
(Date)		Fill c	out only Sections I, II, III, and or number, or transporter, or other	VI for change	see of owner
		Separa completed	ste Forms C-104 must be filed	for each poo	of conditions