STATE OF NEW YEAR OD NEFGY NO MINERALD CEPARTMENT

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*********	OIL	Ī	1	
	GAS	İ	Ī	
OPERATOR		1	Ī	
PROBATION OF	HC II			

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

Form C-104 Pevised 10.01 18 Format 06-01-63

REQUEST FOR ALLOWABLE AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS				
perator				
TEXACO Inc.	•			
Address				
P. O. Box 728, Hobbs, New Mexico 88240				
Now Well Change in Trunsporter of: Other (Please explain) Change of Transporter from Getty Oil C				
to TEXACO PRODUCTIVE THE Office C/1/6				
	y Gas to IEAACO PRODUCTING INC. ellective 6/1/85			
V Change in Ownership AACasinghead Gas Co	ndensore			
change of ownership give name				
to address of previous owner.				
. DESCRIPTION OF WELL AND LEASE				
well No. i Pool Name, including Fo				
V.M. Henderson / Paddock	Slate, Federal or Fee Fee			
F 1980 North 1980 West				
	e andFeet From The			
Line of Section 30 Township 21S Range	7E Lea County			
	·			
I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL	GAS			
Shell Pipeline Corp.	P.O. Box 1910, Midland, TX 79702			
Texaco Producing Inc.	P.O. Box 3000, Tulsa, OK 74102			
t well produces oil or liquids. Unit Sec. Twp. Rgs. 1 we location of tanks. Unit Sec. Twp. 37E	Yes When 4/5/62			
this production is commingled with that from any other lease or pool, give commingling order number: PC-442				
OTE: Complete Parts IV and V on reverse side if necessary.				
1. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION			
I. CERTIFICATE OF COMPLIANCE	JUL 2/2 1988 6/1 ,85			
tereby certify that the rules and regulations of the Oil Conservation Division have	APPROVED JUL 2/2 1985 6/1 19 85			
en complied with and that the information given is true and complete to the best of				
z knowledge and belief.	BY DISTRICT A SUPERVISOR			
. ,	TITLE DISTRICT 1 SUFERVISOR			
w.B. h.h	This form is to be filed in compliance with aug 1104.			
W. D. 2010	If this is a request for allowable for a newly crilled or descence			
(Signature)	well, this form must be accompanied by a tabustion of the deviation tests taken on the well in accordance with AULE 199.			
District Operations Manager	All sections of this form must be filled out completely for allow-			
6/1/85	able on new and recompleted wells.			
	Fill out only Sections 1. II. III, and VI for cosnigle of owner well name or number, or transporter, or other such thanks of condition.			
(vale)	Next Dame of Demonstration Campabotter of Strat Specification of Congition			

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Separate Forms Coll must be filed for warm more, in mutto.

