

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
OPERATOR	GAS
PRODUCTION 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

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

Reason(s) for filing (Check proper box)
☐ New Well
☐ Recompletion
☒ Change in Ownership
 Change in Transporter of:
☐ Oil
☐ Gas
☐ Dry Gas
☐ Condensate

Other (Please explain)
Change of Operator from Getty to TEXACO Producing Inc. 12/31/84

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal 15 Com "A"	Well No. 1	Pool Name, Including Formation Bootleg Ridge Morrow East	Kind of Lease State, Federal or Fee Fed	Lease No. NM12846
Location Unit Letter J : 1980 Feet From The FSL Line and 1980 Feet From The FEL Line of Section 15 Township 22S Range 33E , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> TEXACO Trading & Transportation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1142, Midland, TX 79702
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Llano, Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1320, Hobbs, N.M. 88240
If well produces oil or liquids, give location of tanks. Unit J Sec. 15 Twp. 22 Rge. 33	Is gas actually connected? Yes When 1/7/82

If this 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.

VI. 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. Lh
(Signature)
District Operations Manager
(Title)
April 12, 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 multiphase completed wells.

RECEIVED

MAY 31 1985

CLP
HOLLE ~~1985~~

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

5. LEASE

NM-12846

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Federal 15

9. WELL NO.

1

10. FIELD OR WILDCAT NAME

East Boot Leg Ridge Morrow

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 15, T-22-S, R-33-E

12. COUNTY OR PARISH

Lea

13. STATE

N.M.

14. API NO.

3749.7 GL

15. ELEVATIONS (SHOW DF, KDB, AND WD)

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9-331-C for such proposals.)

1. oil well ☐ gas well ☒ other

2. NAME OF OPERATOR

Getty Oil Company

3. ADDRESS OF OPERATOR

P. O. Box 728, Hobbs, N.M. 88240

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 1980' FSL & 1980' FEL

AT TOP PROD. INTERVAL: (Unit Letter 'J')

AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

CHANGE ZONES ☐

ABANDON* ☐

(other) RISER CONNECTIONS

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

RISER ON 13 3/8" & 9 5/8" CASING BROUGHT TO SURFACE

RISER ON 9 5/8" & 7" CASING BROUGHT TO SURFACE

Subsurface Safety Valve: Manu. and Type

Set @ FL

18. I hereby certify that the foregoing is true and correct

SIGNED W. B. Lick TITLE Dist. Opr. Mgr. DATE 2-7-85

(This space for Federal or State office use)

APPROVED BY ACCEPTED FOR RECORD

TITLE

DATE

CONDITIONS OF APPROVAL IF ANY:

FEB 18 1985

*See Instructions on Reverse Side

Carlsbad, NEW MEXICO

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FEB 21 1985
O.C.D.
HOBBS OFFICE