STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

(Date)

April 23, 1985

DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.A.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS	I	
OPERATOR			
PROBATION OFFICE			

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

500

Form C-104 Revised 10-01-78 Format 06-01-83 Page 1

Fill out only Sections I. II. III, and VI for changes of own-well name or number, or transporter, or other such change of condition

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

GAS		REQUEST FOR	RALLOW	ABLE	-			
PENATOA								
PRORATION OFFICE	AUTHORIZATI	ON TO TRANSI	PORT OIL	. AND NATU	RAL GAS			
I								
Operator								
TEXACO Producing Inc.	 							
Address	Marrian 000	240						
P. O. Box 728, Hobbs, Ne	W Mexico 662			Cost of Allega				
Reason(s) for liling (Check proper box)	-'			Other (Please explain) Change of Operator from Getty to				
New Well	Change in Trans		mryaco Producing Inc. 12/31/84					
Recompletion	<u></u> □ 011	=	ry Gas	, 35				
X Change in Ownership	Casinghead	Gas C	ondensate	<u> </u>				
If change of ownership give name								
and address of previous owner								
II. DESCRIPTION OF WELL AND	LEASE						Lease No.	
Lease Name	Well No. Pool	Name, including F	uding Formation		Kind of Lease	Chaha		
State C Com.	1 Tram	ont Yates	7-River	s Oueen	State, Federal or Fee	State	B1330	
Location			•			•		
C . 1980	5 F The	West	ne and6	50	Feet From The Nort	<u>n</u>		
Unit Letter:	Feet From The							
Line of Section 29	21S	Range	36E	, NMPN	. Lea		County	
Line of Section Towns	***************************************							
III. DESIGNATION OF TRANSPO	DETER OF OIL A	ND NATURA	L GAS					
Name of Authorized Transporter of Oil	or Condens	ate 🗀	Andress	(Give address	to which approved copy o	f this form is t	o be sent)	
J								
None Name of Authorized Transporter of Castr	nohead Gas D	r Dry Gas 👽	Address (Give address to which approved copy of this form is to be sent)					
j		*	22:	2223 Dodge St., Omaha, Nebraska 68102				
Northern Natural Gas C		Twp. 'Rge.	ls gas a	ctually connec	ted? When			
If well produces oil or liquids,	Unit Sec.	1 44	Ye		! 5/12/7	70		
give location of tanks.	i							
If this production is commingled with	that from any other	er lease or pool	, give com	mingling ord	er number:			
NOTE: Complete Parts IV and V	on reverse side if		11					
VI. CERTIFICATE OF COMPLIANCE								
			.		A.	6/1	 85	
I hereby certify that the rules and regulation	ns of the Oil Conserva	ation Division have	APPF	20V#D			. 19	
been complied with and that the information given is true and complete to the best of								
my knowledge and belief.			" -	DISTRICT I SUFERVISOR				
			TITL	E DISTR	TCT T JOY ER TIJOR			
			_	The fact in 1	n he filed in compliant	ce with RUL	E 1104.	
W. S. h					led or deeper			
well able form must be accompanied by a tabulation of the di					of the devist.			
test			tests	taken on the	well in accordance w	ILD ROFE 11	1.	
District Operations Manager				di sections o	of this form must be full	icmoo tuo be.	etely for allo	
(Tule)				on new sud t	ecompleted wells.			