STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTM	ent				- .	Form C-104 Revised 10-01-1	78
				D IVICIO	\$ 1	Format 05-01-8 Page 1	
DISTRIBUTION							-
PILE			X 2088		•		•
U.8.Q.6.	•	SANTA FE, NEV	N MEXIC	0 87501			
LAND OFFICE	-						
TRANIPORTER DIL				_			
The second secon		REQUEST FO	R ALLOW	ABLE			
OPERATOR			ND				
PROBATION OFFICE	AUTHOR	ZIZATION TO TRANS	PORT OIL	AND NATU	RAL GAS		
<u>I</u>						<u></u>	
Producing Inc.				•			
Address P. O. Box 728, Hobbs,	New Mexic	0.88240					
				Other (Plane)			
Reeson(s) for filing (Check proper box)				Other (Please explain) Change of Operator from Getty to			
New Well	Change 1	n Transporter of:		-	Producing Inc.	12/31/84	
Recompletion	ou	⊆ P	ry Gas	TEXACU	roducing inc.	12/51/0	1
X Change in Ownership	Cos:	Ingheod Gas 🔄 C	ondensate				
II. DESCRIPTION OF WELL A	IND LEASE	Fooi Name, Including F	ormalion		Kind of Lease		Lease N
	1	Di inchart Oil				I I	
	17	I BLINEDLY ULL	& Gas		Stote, Federal or Fee	State	B-9188
State S	7	Blinebry Oil	& Gas		Stote, Federal or Fee	state	B-9188
			& Gas)	Feet From TheNOI		B-9188
State S Location Unit Letter :	90 Feet Fr) , NMPN	_ Feet From TheNOI		B-9188 Count
State S Location Unit Letter 299 Line of Section 15	90 Feet Fr Township 2	om The West Li	ne and <u>60(</u> 37E	, NMPN	_Feet From The <u>Not</u>	rth	Count
State S Location Unit Letter D 99 Line of Section 15 III. DESIGNATION OF TRAN	00 Feet Fr Township 2	OIL AND NATURA	ne and <u>60(</u> 37E	, NMPN	_ Feet From TheNOI	rth	Count
State S Location Unit Letter D 99 Line of Section 15 III. DESIGNATION OF TRAN Name of Authorized Transporter of Texas N.M. Pipeline	BO Feet Fr Township 2: NSPORTER OF 01 OU XX or Co. (0055-)	OIL AND NATURA	ne and 600 37E L GAS Asid: ene a P.O.	, NMPN Give address Box 2528	Feet From TheNOI Lea	this form is 10 240	Count be sentj
State S Location Unit Letter D 99 Line of Section 15 III. DESIGNATION OF TRAN Name of Authorized Transporter of	SPORTER OF Co. (0055- Casinghead Gas (OIL AND NATURA Condensate 1878)	10 and 600 37E L GAS P.O. Address P.O.	, NMPN Give address Box 2528 Give address Box 3000	Feet From The NOI Lea to which approved copy of Hobbs, N.M. 883 to which approved copy of Tulsa, OK 7410	cth 	Count be sentj
State S Location Unit Letter	SPORTER OF Co. (0055- Casinghead Gas (OIL AND NATURA Condensate D 1878) C. Twp. Rge.	10 and 600 37E L GAS P.O. Address P.O.	, NMPN Give address BOX 2528 Give address	Feet From The Nor Lea No which approved copy of Hobbs, N.M. 883 Which approved copy of Tulsa, OK 74102 When Unknown	this form is to 240 zhis form is to 2	Count be sentj
State S Location Unit Letter 99 Line of Section 15 III. DESIGNATION OF TRAM Name of Authorized Transporter of Texas N.M. Pipeline Name of Authorized Transporter of TEXACO Producing Inc If well produces oil or liquide, give location of tanks.	PO Township 2: NSPORTER OF Oil XX or (CO. (0055- Casinghead Gas (Unit Se D 1 1	OIL AND NATURA Condensale 1878) c. Twp. Rge. 5 21 37	Address P.O. Is gas ac Yes	, NMPN Give address Box 2528 Give address Box 3000 tually connect	Feet From The Nor Lea to which approved copy of Hobbs, N.M. 883 Which approved copy of Tulsa, OK 74103	cth 	Count be sentj
State S Location Unit Letter 99 Line of Section 15 III. DESIGNATION OF TRAN Name of Authorized Transporter of Texas N.M. Pipeline Name of Authorized Transporter of TEXACO Producing Inc. If well produces oil or liquide.	PO Feet Fr Township 2: NSPORTER OF OII XX or (CO. (0055- Costinghead Cos (Costinghead Costinghead Co	OIL AND NATURA Condensale 1878) c. Twp. Rge. 5 21 37 ny other lease or pool.	Address P.O. Is gas ac Yes	, NMPN Give address Box 2528 Give address Box 3000 tually connect	Feet From The Nor Lea to which approved copy of Hobbs, N.M. 883 Which approved copy of Tulsa, OK 74103	this form is to 240 zhis form is to 2	Count be sentj

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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. D.

(Signature)

District Operations Manager

April 29, 1985

(Date)

85 19 APPRO ÐY DISTRICT I SUFERVISOR TITLE

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepen well, this form must be accompanied by a tabulation of the deviatitests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allo able on new and recompleted wells.

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

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

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MAY 31 1985

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