## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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DISTRIBUTION			
BANTA FE			_
FILE			
U.S.O.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PROBATION 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

OPERATOR	AND				
PROBATION OFFICE	AUTHORIZATION TO TRANSP	PORT OIL AND NATU	RAL GAS		
I. Operator				<del></del>	
TEXACO Producing Inc.		•			
Address					
P. O. Box 728, Hobbs, New	Mexico 88240				
Reason(s) for filing (Check proper box)	Other (Please explain)				
New Well	Change in Transporter of:	Change of Operator from Getty to TEXACO Producing Inc. 12/31/84			
Recompletion		,			
X Change in Ownership	Casinghead Gas Co	ndensate			
If change of ownership give name and address of previous owner					
II. DESCRIPTION OF WELL AND LI	EASE		Kind of Lease	Legse No.	
Lease Name	Well No. Pool Name, including re		State, Federal or FeFEC		
Percy Hardy	3   Blinebry Oil		Side		
Location		1000	For From The West	-	
Unit Letter N : 660	Feet From The South Line	• and <u>1980</u>	Feet From The West		
Line of Section 17 Townshi	up 21S Range	37E , NMPI	u, <u>Lea</u>	County	
CINE OF Section 27					
III. DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL	. GAS	to which approved copy of this form is	to be sent)	
Name of Authorized Transporter of Oil 💟		1		•	
Texas N.M. Pipeline Co.	(0055-0648)	P.O. Box 25	28, Hobbs, N.M. 88240 to which approved copy of this form is	sobe sensi	
Name of Authorized Transporter of Casingh	read Gas V or Dry Gas	}	00, Tulsa, OK 74102		
TEXACO Producing Inc.	it Sec. Twp. Rge.	Is gas actually connect	ted? When		
If well produces oil or liquids, give location of tanks.	O ! 17   21S   37E	Yes	9/21/67		
If this production is commingled with th		·	er number:		
NOTE: Complete Parts IV and V on	n reverse side if necessary.				
VI. CERTIFICATE OF COMPLIANCE					
		·	/ 2 6/1	19 85	
I hereby certify that the rules and regulations of	of the Oil Conservation Division have	APPROVED	11-1-	., 18	
been complied with and that the information gir my knowledge and belief.	en is true and complete to the best of	BY LIMIXION			
,		DISTR	ACT 1 SUFERVISOR		
		TITLE			
W.B. hl			to be filed in compliance with RU		
(Signature,	·/	I 12 this form my	quest for allowable for a newly dr at be accompanied by a tabulation well in accordance with RULE	? Of the dealetto.	
District Operations Manag	ger	All sections	of this form must be filled out com	pletely for allow	
April 22, 1985		able on new and	ecompleted wells.		
(Date)		well name or numb	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.		
(Date)		Separate Forms C-104 must be filed for each pool in multiply			
	<del>!</del>	completed wells.			

RECENVED

MAY 31 1985