

NO. OF TAPING DEVICES	
DISTRIBUTION	
AMTA FE	
USE	
U.S.	
AND OFFICE	
TRANSPORTED	OIL
	GAS
PERATOR	
ORATION OFFICE	

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

Form O-104
Revised 11-21-78
Format O-01-63
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator <u>TEXACO Inc.</u>	
Address <u>P. O. Box 728, Hobbs, New Mexico 88240</u>	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well	<u>Change of Transporter from Getty Oil Co. to TEXACO PRODUCING INC. effective 6/1/85.</u>
<input type="checkbox"/> Recompletion	
<input checked="" type="checkbox"/> Change in Ownership	
Change in Transporter of:	
<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input checked="" type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate

Change of ownership give name
and address of previous owner _____

DESCRIPTION OF WELL AND LEASE				
Well Name <u>Mittie Weatherly</u>	Well No. <u>3</u>	Pool Name, including Formation <u>Penrose Skelly Grayburg</u>	Kind of Lease <u>State, Federal or Fee Fee</u>	Lease No.
Location				
Unit Letter <u>C</u>	<u>660</u>	Fest From The <u>North</u>	Line and <u>1980</u>	Fest From The <u>West</u>
Line of Section <u>17</u>	Township <u>21S</u>	Range <u>37E</u>	<u>NMPM</u>	Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Shell Pipeline Corp.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1910, Midland, TX 79701</u>			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Texaco Producing Inc.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 3000, Tulsa, OK 74102</u>			
Well produces oil or liquids, or location of tanks.	Unit <u>F</u>	Sec. <u>17</u>	Twp. <u>21S</u>	Rge. <u>37E</u>
Is gas actually connected?		When		
<u>Yes</u>		<u>9/20/71</u>		

If its production is commingled with that from any other lease or pool, give commingling order number: DAC R-5201

NOTE: Complete Parts IV and V on reverse side if necessary.

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. Lick
(Signature)
Assistant Operations Manager
(Title)
DATE
(Date)

OIL CONSERVATION DIVISION
JUL 22 1985
APPROVED _____
BY James L. Linton
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 IV for changes of owner, well name or number, or transporter, or other such change of conditions.
Separate Forms O-104 must be filed for each pool in multiple completed wells.

RECEIVED

JUL 11 1985

HOME OFFICE