STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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DISTRIBUTION			<u> </u>
BANTA FE		Ī	
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U.1.0.4.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
BECCATION OFFICE			

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

Form C-104 Revised 10-01-78 Format 05-01-83

REQUEST FOR ALLOWABLE

OPERATOR AN			
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
Constant			
TEXACO PRODUCING INC.			
Address	<u> </u>		
P.O. BOX 728, HOBBS, NEW MEXICO	88240		
	Other (Please expiain)		
Reason(s) for filing (Check proper box) Change in Transporter of:			
	, Gas		
Haccompletion C	ndensate		
Change in Ownership Casinghead Gas Co			
If change of ownership give name			
and address of previous owner			
·			
II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Fo	remation Kind of Lease Lease No.		
Cacas trains	Store Federal or Fee State T_5303		
Getty 6 State 1 N. Berry B	one Springs		
Location West			
Unit Letter K : 3500 Feet From The North Line and 2200 Feet From The West			
	NUPU Lea County		
Line of Section 8 7 Township 21S Range	34F , NMPM, Lea County		
Name of Authorized Transporter of CIL XX or Condensate The Permian Corp. Name of Authorized Transporter of Casinghedd Gas X or Dry Gas Phillips Petroleum Co. If well produces oil or liquids, Unit Sec. Twp. Rge. que location of lanks. K 5 21 34	P.O. BOX 1183, Houston, TX 77001 Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, TX 79762 Is gas actually connected? NO		
NOTE: Complete Parts IV and V on reverse side if necessary.			
	OIL CONSERVATION DIVISION		
VI. CERTIFICATE OF COMPLIANCE	AUG 1 5 1985		
I hereby certify that the rules and regulations of the Oil Conservation Division have	APPROVED, 19		
been compiled with and that the information given is true and complete to the best of	BYORIGINAL SIGNED BY EDDIE SEAY		
my knowieuge and belief.	OIL & GAS INSPECTOR		
	TITLE DE C		
	This form is to be filed in compliance with RULE 1104.		
w.b.hh	I waste to a connect for allowable for a newly drilled or deepened		
District Operations Manager	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 allow-		
August 8, 1985 (Title) able on new and recompleted wells. Fill out only Sections I. H. III. and VI for changes of			
(Date)	well name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply completed wells.		