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STATE OF NEW MEXICO ENERGY NO MINERALS DEPARTMENT	Form C-104
	Revised 10-01-78
	ATION DIVISION Format 06-01-83 Page 1
54NTA / E P. O. BO	
VAGA SANTA FE, NEV	V MEXICO 87501
LAND CFFICE	
	RALLOWABLE
	ND
AUTHORIZATION TO TRANSI	PORT OIL AND NATURAL GAS
TEXACO Producing Inc.	
Adarees	
P.O. Box 728, Hobbs, New Mexico 88240	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Veil Change in Transporter of:	Change of Operator from Getty to TEXACO Producing Inc. 12/31/84
X Change in Ownership Casinghead Gas C	ondensate
If change of ownership give name and address of previous owner	
II. DESCRIPTION OF WELL AND LEASE	ermation Kind of Lease Vo.
Lease Name / Well No. Pool Name, Including /	
E.A. Stitcher 4 Tubb Oil & Gas	
Unit Latter_L_: 2310 Feet From The South Lit Line of Section 4 Township 225 Range	37E , NMPM, Lea County
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURA	LGAS Agaress (Give address to which approved copy of this form is to be sent)
	P.O. Box 1183, Houston, TX 77001
Permian Corp. Name of Authorized Transporter of Casinghead Gas or Dry Gas @	Address (Give address to which approved copy of this form is to be sent)
	2223 Dodge St., Omaha, Nebraska 68102
Northern Natural Gas	Is gas actually connected? When
If well produces oil or liquide. give location of icnes. L 4 22 37	Yes 9/22/60
If this production is commingled with that from any other lease or pool,	
NOTE: Complete Parts IV and V on reverse side if necessary.	
	OIL CONSERVATION DIVISION
VI. CERTIFICATE OF COMPLIANCE	JUL 2 2 1985
I hereby certify that the rules and regulations of the Oil Conservation Division have	APPROVED
been complied with and that the information given is true and complete to the best of	BYORIGINAL SIGNED BY JERKY SEXTON
my knowledge and belief.	DISTRICT I SUPERVISOR
é	TITLE
	This form is to be filed in compliance with RULE 1104.
W. B. hhi	If this is a request for allowable for a newly drilled or deepen- well, this form must be accompanied by a tabulation of the deviation
	tests taken on the well in accordance with RULE 111.
District Operations Manager	All sections of this form must be filled out completely for allo- able on new and recompleted wells.
May 7, 1985	Fill out only Sections I. II. III, and VI for changes of owner well name or number, or transportst, or other such change of condition
(Date)	Separate Forma C-104 must be filed for each pool in multip
	completed wells.

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