STATO OF NEW 12 OD NEBGY AND MINICIPAL O CORAFTMENT Distance of tom LANTA FE 710.E 0.0.0.6. JANO OFFICE | OIL | TRAMEPORTER | GAS |

OPERATOR |

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

Form Cath4 Feeren 10.01.18 Format 06-01-23 Fage 1

Senarata Forms Dougle must be filed for each pool in mutto.

REQUEST FOR ALLOWABLE AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS								
Specarot								
TEXACO Inc.					<u> </u>			
ddrees	Massi a	- 00140						
P. O. Box 728, Hobbs, Ne	w wexic	88240			104 (0)			
New Well Change in Transporter of:			Other (Please explain) Change of Transporter from Getty Oil Co.					
New Well	Change	n transporter of:		Dry Gas to TEXACO PRODUCING INC. effective 6/1/85.				
Recomplation 7 Change in Ownership	——	Castnahead Gas		Condensate			-, -,	
7) Change in Collection					<u> </u>	·		
change of ownership give name ed address of previous owner								
DESCRIPTION OF WELL AND	LEASE							
ease Name	Well No.	Well No. Pool Name, Including				State, Federal or Fee FED IC-033706 (a)		
C.P.Falby "A" Federal	2	Pentose Si	кетту	Graybo		State, Federal or Fee	1112 120 000 00 (4,)	
.ocation D 660		Nor	th :	•	660	1	West	
Unit Letter;;	Feet Fr			• and		Feet From The		
_	000	_	:	37E		. Lea	County	
Line of Section 8 Town	•hip 22S	H a	nq*	تا/ت	, NMPL	4, LCC	Caditty	
I. DESIGNATION OF TRANSPO tame of Authorized Transporter of Oil (Shell Pipeline Corp. tame of Authorized Transporter of Caste Texaco Producing Inc.	<u>∓7</u> or 0	Condensate 🛄	į	P.C	Box 191 (Give audress Box 300	0, Midland, TX to watch approved copy 00, Tulsa, OK 7	y of this form is to be sent)	
well produces oil or liquids,	Unit Se	1 1	Rge.	1 .	tually connect	led? When	4/10/85	
ive location of tanks.	K	3 ; 22S ;	37E	Yes		<u> </u>	4/10/03 PLC-5	
this production is commingled with	that from a	ny other lease o	or pool,	give com	mingling orde	r number:		
OTE: Complete Parts IV and V . CERTIFICATE OF COMPLIAN	on reverse					CONSERVATION	400F	
ereby certify that the rules and regulations of the Oil Conservation Division have an complete with and that the information given is true and complete to the best of knowledge and belief.				DUL 2 2 1985 19 85				
				TITL		CT 1 SUPERVISOR		
w.B.h.	E		į				ince with_RULE 1104.	
Signal	201			wall.	his form mus	quest for allowable for the accompanied by wellum accompanies	or a newly drilled or descence y a tabulation of the deviation with AULI 111.	
District Operations Man 5/1/85			· :	A 0 =132	Il sections of	I this form most be forcempletod wells.	Eled out completely for allow-	
21 -1 -1 -1					Fill out only deciling f. II. III, and Wi for onanges of owner wall name or number, or anapportance protes audit change of condition.			

Completed wells.