STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

PO. OF 197119 91111919				
MOI TUBLETELD				
SANTA FE				
FILE				
U.S.G.A.				
LAND OFFICE				
TRANSPORTER	DIL			
	DAS			
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
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

	AUTHORIZATION TO TRA	MOT UK I	OIL AID HATO			
Operator						
TEXACO Producing Inc.		· · · · · · · · · · · · · · · · · · ·				
P. O. Box 728, Hobbs, New	Mexico 88240					
Reason(s) for filing (Check proper box)			Other (Please	explain)		
New Well	Change C			of Operator from Getty		
Recompletion	OII Dry Gas TEXACO Producing Inc. 12/31/84					
X Change in Ownership	Castinghead Gas Condensate					
change of ownership give name nd address of previous owner						
	TACE					
I. DESCRIPTION OF WELL AND LI	[Mell No. Pool Name, Including Formation			Kind of Lease	Lease No.	
	ll Drinkard			State, Federal or Fee FEE		
Baker B			•			
	_ Feet From The North	_Line and	1760	Feet From The East		
Unit Letter O : 4400		_	717	. Lea	County	
Line of Section 10 Townsh	up 22S Range		7E , NMPN	i, Lea	County	
	07 (370 37477)	10 41 C 41	c			
III. DESIGNATION OF TRANSPOR	OF CONTRACT OF CON	KAL GA	ess (Give address	to which approved copy of this form i	s to be sent)	
Name of Authorized Transporter of CII		1	. P.O. Box	1910, Midland, TX 7970	2	
Shell Pipeline Corp. Name of Authorized Transporter of Casing?	head Gas or Dry Gas	Add	ress (Give address	to which approved copy of this form t	s to be sent)	
TEXACO Producing Inc.	_		P.O. Box	3000, Tulsa, OK 74102		
Un	il Sec. Twp. Ree	. 1 × Q	as actually connec			
If well produces oil or liquids, give location of tanks.	0 10 22S 3	37E	Yes	Unknown		
If this production is commingled with the	hat from any other lease or p	pool, give	commingling orde	r number:		
NOTE: Complete Parts IV and V or	n reverse sine if necessary.	11		CALCED LATICAL DU JICICAL		
VI. CERTIFICATE OF COMPLIANC	Œ		OIL C	CONSERVATION DIVISION		
		bave A	PPROVED	0 61	1, 19 85	
I hereby certify that the rules and regulations of been complied with and that the information g	iven is true and complete to the be		Current Section			
my knowledge and belief.		₿,	BY TOWN STORY			
		TI	TLE DISTRI	CT 1 SUFERVISOR		
us B he			This form is t	o be filed in compliance with RI	LE 1104.	
W.D. hl	\sim		** ** : - 1	for allowable for a newly di	illed or despens	
(Signatur	1)		all abia form mus	t be accompanied by a tabulatio well in accordance with RULE	M Of the ceasers	
District Operations Management	ger	'•	ats taken on the	f this form must be filled out con	pletely for allow	
April 3, 1985 (Tille)		at at	ie on new and r	ecompleted walls.		
		.	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)	(Date) well name or number, or transporter, or other section. Separate Forms C-104 must be filed for each p				pool in multipi	
			completed weils.			