STATE OF NEW MEXICO ENERGY AND MINERALS GEPARTMENT

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V.4:0.4,			
LAND 077KE			
TRANSPORTER	OIL		
	441		
0*48470A			
PROBATION OFFICE		1	

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

Form C-104 Revised 10-01-78 Formsi 05-01-63 Page 1

REDUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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Cpereret					•		•		
TEXACO PRODUCING INC.								·····	
P. O. Box 728, Hobbs, New	Mexico 8	8240							•
					Other (Please	e explain)			
Reston(s) for filing (Check proper box) Change in Transporter of:				Change of Operator from Getty to					
			TEXACO PRODUCING INC. effective 6/1/85						
Mecompletion Y Change in Ownership	Casinghe	od Ges	>=	ndensete					
Al Chards In Comments	<u></u>								
change of ownership give name nd address of previous owner	`	•							
•	- 1 65						•		
I. DESCRIPTION OF WELL AND LE	ASE No. Pos	None, inci	waing Fo	rmation		Kind of L	2050		Lease No.
J. V. Baker	LPG2	Salt				State, Fe	derel or Foo	Fee	•
Location	1111 (32)	Darc							
E 2310		Nor	th une		330	_ Feet Fr	on The	West	
Unit Letter::	_Feet From T		CIM						
Line of Section 27 Townshi	• 22S	Ran	40	37E	, NMPM	. Le	ea		County
Line of Section 27 Townshi							a		
III. DESIGNATION OF TRANSPOR	TER OF OIL	AND NAT	TURAL	GAS					
Name of Authorized Transporter of Oil	er Conde	neate 🔲		Asgress	Give address	to myicy et	proved copy of	IALE (OFFI LE E	o be sens)
N/A LPG storage we	11		_	-				 	
Name of Authorized Transporter of Casingn		or Dry Gas (Address	Give address	to myrcy at	proved copy of	TAM FOR M I	o be sens;
				ļ					
Uni	i Sec.	Twp. F	lge.	is que co	tually connect	•a?	When		
If well produces oil ar liquids, give location of tanks.		1 .		<u> </u>					
f this production is commingled with th	at from any o	ther lease o	r pool.	give com	ningling orde	r number:			<u> </u>
NOTE: Complete Parts IV and V on	reverse side	if necessary	y -		-				
			1	1	Oil C	ONSERI	ATION DIV	VISION	
VI. CERTIFICATE OF COMPLIANCE	Ē		-		→ O.E. O	O. 102. 11			0.5
hereby certify that the rules and regulations o	f the Oil Conset	vation Divisio	n have	APPR	o√e'o		1 1	<u>√ 6/1</u>	19 85
bren complied with and that the information giv	en is true and co	implete to the	best of		1-1151	11	Mon		
my knowledge and benef.	4			BY	//	Z	////		
				TITLE	/ DISTRIK	כדו געו	ERVISOR		
- / /	-		Ī						
w.B. hl	<u> </u>		l	1			in compliance		
					his form mus	t be accor	llowable (or a apanied by a	tabulation o	f the deviation
(Signature)				teats t	sken on the	well in a	cordance wit	P MULE 11	١.
Therrict Operations Manage	ICT			Al	l sections of a new and re	this form	must be (lile	d out compi	stely for allow-
6/1/85				51	II out only	Sections 1	. II. II. and	VI for chai	nges of owner
(Date)			-	well no	me or numbe	r, or trans	porten ar other	r such chang	e of condition
••					parate Formi	C-104 s	nust be filed	for each p	coi in muitipi