DON'S 11 WBW RD STATE TYSMITARPOD DJARBAIM ON YORBIS

** ** ***** ***		
DISTRIBUTI	O H	1
LASTA FE	 i	i
₹11. £		
u.s.u.s.		
LAND DFFICE		
TRAMSPORTER	OIL	
	GABI	
OPERATOR		
PROBATION OF	HCK	

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

Form C-104 Privised 10.01.78 Formal 06-01-03 Page 1

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

·								
Operator								
TEXACO Inc.				•				
Address								
P. O. Box 728, Hobbs, New	Mexico 88240							
Reason(s) for Isling (Check proper box)				Other (Please explain)				
New Weil	Change in Transporter of:				r from Gett	y Oil Co.		
Recompletion	Cil	Dr	to TEXACO PRODUCING INC. effective 6/1/8				ive 6/1/85	
Change in Ownership	Casinghead Gas	c	ondensate					
change of ownership give name						***		
DESCRIPTION OF WELL AND LE	ASE		*					
_ease Name	Well No. Pool Name, Incl	valng F	emation		Kind of Lease	······································	Lease No.	
A.H. Blinebry Fed NCT-1	24 Tubb Oil 8	Gas			State, Federal or F	•• FED LC-		
ocation		: :				1111/11/	0.32104	
Unit Letter E; 330	Feet From The West	Lin	and	2310	_ Feet From The _	North	·	
Line of Section 28 Township	. 22S Ran	90	38E	, имри	, Lea		County	
II. DESIGNATION OF TRANSPORT	ER OF OIL AND NAT	URAL						
Name of Authorized Transporter of OII	or Condensate	i	1		o which approved co		to be sent/	
Texas N.M. Pipeline Co.		· ·			, Hobbs, N.M.			
Jame of Authorized Transporter of Casinghe	ad Gas 💢 or Dry Gas [1		o which approved co	,	to be sent)	
Texaco Producing Inc.			P.O.	Box 3000	, Tulsa, OK 7	74102		
I well produces oil or liquids, Unit		38E	Is que act Yes	ually connecte	d? When	4,	/27/65	
this production is commingled with the	t from any other lease or	pool.	zive comm	ingling order	number:	PC-2	21	
•	· ·	•	-				<u> </u>	
OTE: Complete Parts IV and V on	reverse side if necessary	•						
I. CERTIFICATE OF COMPLIANCE				OIL C	INSERVATION!	DIVISION		
		İ	1.	\sim J	UL % % 198	5.7.5.5.7		
hereby certify that the rules and regulations of		1	APPRO	~#D		6/1	19 85	
en complied with and that the information give y knowledge and belief.	in is true and complete to the l	best of	BY	Line	1 /1/2	~		
			7	DIETER	T I SUFERVISO	n		
			TITLE	DISTRIC	1 1 204 ER A (20)	×		
W.B. h.L	_				be filed in compli			
(Signature)	······································		wall, the	is form must	est for allowedle to be accompanied be accompanied be will in accompance	y a tabulation o	f the deviation	
District Operations Manage (Tule)	r		AII	sections of	this form must be a			
(Date)		-	Fill	out carr 3	ections [, U,]U, or transporter, or o	and VT for head	right of owner	
		11		srate Forms	C-134 must be fi			