STATE OF NEW MEDICO NERGY AND MINERALD CORARTMENT

** ** *****	11+40	
DISTRIBUTION		
LAMFAFE		,
7 (L. B.		1
J.B.U.B.		1
AND OFFICE		
PANSPORTER	OIL	
	GAB	
PERATOR		
PORATION OF	HCE.	1

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

Form C-104 FAVIARD 1001 75 Format 06-01-62 Page 1

REQUEST FOR ALLOWABLE DNA AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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betatot		
TEXACO Inc.	•	
ddrees		
P. O. Box 728, Hobbs, New Mexico 88240		
eason(s) for filing (Check proper eax)	Other (Please explain)	
New Well Change in Transporter of:	1 31	
Recompletion	to TEXACO PRODUCING INC. effective 6/1/85	
Change in Ownership	Condensate	
change of ownership give name d address of previous owner		
DESCRIPTION OF WELL AND LEASE		
weil No. Pool Name, including	i some No	
A.H. Blinebry Fed NCT-1 26 Tubb Oil & G	as Stone, Federal or Fee FED IC-032104	
ocation		
Unit Letter B 1980 Feet From The East	ine andFeet From TheNorth	
Line of Section 29 Township 22S Range	38E , NMPM, Lea County	
. DESIGNATION OF TRANSPORTER OF OIL AND NATURA		
ome of Authorized Transporter of OII 🔯 💮 er Condensate 🔲	Address (Give address to which approved copy of this form is to be sent)	
Texas N.M. Pipeline Co. (0055-1405)	P.O. Box 2528, Hobbs, N.M. 88240	
one of Authorized Transporter of Casinghead Gas (XX) or Dry Gas Address (Give address to which approved copy of this form is to be sent)		
Texaco Producing Inc. P.O. Box 3000, Tulsa, OK 74102		
well produces oil or liquids, Unit Sec. Twp. Rgs.	is gas actually connected? , When	
• location of tanks. F 29 22S 381	El Yes 11/11/74	
his, production is commingled with that from any other lease or pool,	give commingling order number: PC-29	
OTE:] Complete Parts IV and V on reverse side if necessary.		
CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION	
reby certify that the rules and regulations of the Oil Conservation Division have	APPROVED 6/1 85	
n complied with and that the information given is true and complete to the best of	APPROVED 6/1, 19 85	
knowledge and belief.	BY Ellis Silon	
	DISTRICT I SUFERVISOR	
	TITLE DISTRICT TOWNER TOWN	
W.D. hel	This form is to be filed in compliance with RULE 1104	
(Signature)	If this is a request for allowable for a namely detiled as decrees	
istrict Operations 'Manager	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with #ULE 111.	
	All sections of this form must be filled out completely for allow-	
1/85	able on new and recompleted wells.	
· (Date)	Fill out only doctions I, II, III, and M, for oranges of owner-west name or number, or management or store about change of condition	
	Separate Forms 3-1.4 must be filed for sech you, in multip.	

il completed wells.