## STATE OF NEW MESTICE THEMTRAPS CLARBINM ON SPREW

| ** ** ***** *** |      | i |
|-----------------|------|---|
| DISTRIBUTION    |      |   |
| LANTA FE        |      |   |
| ₹14. <b>E</b>   |      |   |
| v.s.u.s.        |      |   |
| LANG CFFICE     |      | 1 |
| TRAHSPORTER     | OIL  |   |
|                 | GAS  |   |
| CPERATOR        |      |   |
| PROMATION OF    | HC R |   |

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

Form () ing Pevised 11:01:18 Forms: 05-01:23 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 filing (Check proper box)   | Other (Please explain)   |  |
| New Well Change in Transporter of:  | Change of Transporter from Getty Oil Co.   |  |
| Recompletion 011 Dr   | to TEXACO PRODUCING INC. effective 6/1/85  |  |
| Change in Ownership ACastnahead Gas Co  | ndensate   |  |
| change of ownership give name   |  |  |
| nd address of previous owner  |  |  |
| DESCRIPTION OF WITH AND LEASE   |  |  |
| I. DESCRIPTION OF WELL AND LEASE Lease Name  [ Well No.   Pool Name, including Fo   | ormation   Kind of Lease   Lease No.   |  |
| A.H. Blinebry Fed NCT-1 27 Tubb Oil & Gas   | Estate NO.   |  |
| Location  | State, Federal or Fee FED IC-032104  |  |
| Unit Letter K : 1980 Feet From The South . Line   | and 1650 Feet From The West  |  |
| Unit Letter K : 1980 Feet From The South Line   | e and 1000 Feet From The West  |  |
| Line of Section 28 Township 22S Range   | 38E NMPM, Lea County   |  |
| Care di Sectioni  | John , NMPM, Led County  |  |
| II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL   | GAS  |  |
| Name of Authorized Transporter of Oil or Condensate   | Address (Give address to which approved copy of this form is to be sent)                                 |  |
| Texas N.M. Pipeline Co. (0055-1486) P.O. Box 2528, Hobbs, N.M. 88240  |  |  |
| Name of Authorized Transporter of Castinghead Gas 📉 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   |  |
| If well produces oil or liquids, Unit Sec. Twp. Rqs.  | is gas actually connected? When  |  |
| ive location of tanks. F : 33 : 22S : 38E   | Yes 8/1/65   |  |
| this production is commingled with that from any other lease or pool,   | give commingling order number:   |  |
|   |  |  |
| OTE: Complete Parts IV and V on reverse side if necessary.  | <b>!</b>   |  |
| I. CERTIFICATE OF COMPLIANCE  | OIL CONSERVATION DIVISION  |  |
|   | APPROVED 85  |  |
| hereby certify that the rules and regulations of the Oil Conservation Division have I<br>ren complied with and that the information given is true and complete to the best of I | APPROVED   |  |
| y knowledge and belief.   | BY CHILLY STOR   |  |
|   | DISTRICT 1 SUFERVISOR  |  |
|   | TITLE DISTAICT I SUPERIVISOR   |  |
| W.B. h.h  | This form is to be filed in compliance with sung tips.   |  |
| 10. 0.  | If this is a request for silowedia for a newly crilled or deepends                                       |  |
| (Signature) well, this form must be accompanied by a tabulation of  |  |  |
| District Operations Manager   | tests taken on the well in accordance with augg 111.   |  |
| 5. 1/95   | All sections of this form must be filled but completely for allow-<br>sple on new and recompleted wells. |  |
|   | Fill out only Sectionant, II. III. and NT for lingue of owners   |  |
| ر فالد ت  | Well name of number, or transported at other such there's of standition                                  |  |

Separate Forms C+.24 must be filed for each too. In mustic. It completed weils.