STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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| LAND OFFICE | | |
| TRANSPORTER | OIL | |
| | GAS | |
| OPERATOR | | |
| PRORATION OFFICE | | |

Form C-104
Revised 10-01-78
Format 06-01-83
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# OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

## 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)

- [ ] New Well
- [ ] Recompletion
- [V] Change in Ownership

Change in Transporter of:

- [ ] Oil
- [ ] Dry Gas
- [X] Casinghead Gas
- [ ] Condensate

Other (Please explain)
Change of Transporter from Getty Oil Co. to TEXACO PRODUCING INC. effective 6/1/85.

If change of ownership give name and address of previous owner _____

## I. DESCRIPTION OF WELL AND LEASE

| Lease Name | Well No. | Pool Name, Including Formation | Kind of Lease | Lease No. |
|---|---|---|---|---|
| A.H. Blinebry Fed NCT-1 | 28 | Tubb Oil & Gas | State, Federal or Fee Fed LC-032104 | |

Location
Unit Letter A ; 990 Feet From The North Line and 330 Feet From The East

Line of Section 29 Township 22S Range 38E , NMPM, Lea County

## II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| Name of Authorized Transporter of Oil [X] or 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 |
| **Name of Authorized Transporter of Casinghead Gas [X] 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, give location of tanks. | Unit | Sec. | Twp. | Rge. | Is gas actually connected? | When |
|---|---|---|---|---|---|---|
| | F | 29 | 22S | 38E | Yes | 4/10/74 |

If this production is commingled with that from any other lease or pool, give commingling order number: PC-29

NOTE: *Complete Parts IV and V on reverse side if necessary.*

## III. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

W. B. Hudson
(Signature)

District Operations Manager
(Title)

6/1/85
(Date)

## OIL CONSERVATION DIVISION

APPROVED JUN 6 1985, 19 85

BY _____

TITLE DISTRICT I SUPERVISOR

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.