STATE OF NEW MEXICO CERSY AND MARGRACO COPARTMENT

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PORATION OFFICE	

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

Form C-104 Pevised 10.01.78 Format 06-01-83 Page 1

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

perdiot		
TEXACO Inc.	•	
P. O. Box 728, Hobbs, New Mexico 88240		
reson(s) for filing (Check proper box)	Other (Please explain)	
New Well Change in Transporter of:	Change of Transporter from Getty Oil Co.	
Recompletion Cil	Dry Gas to TEXACO PRODUCING INC. effective 6/1/85.	
Change in Ownership Casinghead Gas	Condensate	
change of ownership give name d address of previous owner		
DESCRIPTION OF WELL AND LEASE		
ease Name Weil No. Pool Name, Includin	$A = X \odot 7 \odot 7$	
A.H. Blinebry Fed NCT-1 30 Drinkard	runson Drinkan & Signa. Foderat or Fee Fed IC-032104	
Unit Letter J : 1980 Feet From The South Line and 1980 Feet From The East		
Line of Section 20 Township 22S Range	38E NMPM, Lea County	
Line of Section 20 Township 225 Range	JOE , NMPM, Lea County	
I. DESIGNATION OF TRANSPORTER OF OIL AND NATUR	RAT GAS	
come of Authorized Transporter of Oil Of Or Condensate	Address (Give address to which approved copy of this form is to be sent)	
Texas N.M. Pipeline Co. (0055-0070)	P.O. Box 2528, Hobbs, N.M. 88240	
Texaco Producing Inc.	P.O. Box 3000, Tulsa, OK 74102	
Unit Sec. Twp. Rge.		
'mail produces of of (Iduids - '	8E Yes 10/8/65	
this production is commingled with that from any other lease or po	ol, give commingling order number: PC-244	
OTE: Complete Parts IV and V on reverse side if necessary.		
. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION	
ereby certify that the rules and regulations of the Oil Conservation Division ha	APPROVED 111 2 2 1985 6/1 18 85	
en complied with and that the information given is true and complete to the best		
knowledge and belief.	BY truly the	
	TITLE DISTRICT I SUFERVISOR	
W.B. hh	This form is to be filed in compliance with RULE 1104.	
(Signature)	If this is a request for silowable for a newly drilled or descence well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with AULI 111.	
District Operations Manager	All sections of this form must be filled out completely for silen-	
671/85	able on new and recomplated wells.	
. 0310/	Fill out only decisions I. II. III, and VI for changes of owner well name or number, or transporter, or other such change of condition	
	Senerate Forms 3-,14 must be filed for each pool in multiplicommusion wells.	