TERGY AND MAINERALD TERRETTENT OFFICE MEDITON ANTICKET OFFICE TABLE OFFICE TRANSPORTER GAS

OPERATOR

PROMATION OFFICE

STATE OF NEW 1 1 00

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

Form C-104 Physised 10 01 78 Format 05-01-83 Page 1

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

perdior	
TEXACO Inc.	•
Address	
P. O. Box 728, Hobbs, New Mexico 88240	
leason(s) for filing (Check proper box)	Other (Please explain)
New Well Change in Transporter of:	Change of Transporter from Getty Oil Co. to TEXACO PRODUCING INC. effective 6/1/85.
	ondensate
Eleganitando das	SECTION
change of ownership give name ad address of previous owner	
. DESCRIPTION OF WELL AND LEASE	123
A.H. Blinebry Fed NCT-1 35 Drinkard & Bar	N-88593 A 7/7001
ocation	unsan Arrakan & Street Sederal or Fee FED IC-32 104
M 660 South	we and 660 Feet From The West
Unit Letter ; Feet From The BOULT Lin	te and 660 Feet From The WEST
Line of Section 21 Tawnship 22S Range	38E , NMPM, Lea County
I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL	. GAS
Texas N.M. Pipeline Company (0055-0070)	Address (Give address to which approved copy of this form is to be sent)
lame of Authorized Transporter of Casinghead Gas (XX) or Dry Gas	P.O. Box 2528, Hobbs, N.M 88240 Address (Give address to which approved copy of this form is to be sent)
Texaco Producing Inc.	P.O. Box 3000, Tulsa, OK 74102
I well produces oil or liquids, Unit Sec. Twp. Rgs.	Is que actually connected? When
ive location of tanks. H 19 22S 38E	Yes : 3/25/66
this production is commingled with that from any other lease or pool,	give commingling order number: PC-244
OTE: Complete Parts IV and V on reverse side if necessary.	
- Compose Time I am I	1
I. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION
nereby certify that the rules and regulations of the Oil Conservation Division have	APPROVED JUL 0 4 1000 9 6/1 19 85
en complied with and that the information given is true and complete to the best of	
y knowiedge and belief.	BY JUNES STATES
,	TITLE DISTRICT 1 SUFERVISOR
W. B. ha	This form is to be filed in compliance with AULY 1104.
	If this is a request for sllowable for a newly drilled or descence
(Signature)	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with Aug 1 111.
District Operations Manager	All sections of this form must be filled out completely for allow-
6/1/85	able on new and recomplated wells.
il 4 /	Fill out oney lactions I. U. III. and VI for changes of same: well name or number, or transcorter, or other such change of condition.
	Separate Trima 2:24 must be Aled for each por in mustic.
::	Completed wells.