## STATE OF NEW MEXICO ENERGY NO MINERALS DEPARTMENT

Form C-104 Hevised 10-01-78 Format 06-01-83 Page 1

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DISTRIEUTION			
BANTA PE			
FILE			
¥.8.0.4.			
LAND OFFICE			
TRABIPORTER	DIL		
OPERATOR			
PROBATION OFFICE		1	

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

## REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1.	
Operator	
TEXACO Producing Inc.	
Address	
P. O. Box 728, Hobbs, New Mexico 88240	
Reason(s) for filing (Check proper box)	Other (Picase explain) Change of Operator from Getty to
New Well Change in Transporter of:	
Becompletion Oil U	TEXACO Producing Inc.12/31/84
	Condensate
If change of ownership give name	
and address of previous owner	
II. DESCRIPTION OF WELL AND LEASE	Formation Kind of Lease Fee Lease No
Leose Name Well No. Pool Name, including	ttiv T. Div Outen
	Le la balancia de la compañía de la
Location	1000 - Frank West
Unit Letter F : 1980 Feet From The North L	ine and 1980 Feel From The WESL
Line of Section 10 Township 235 Range	37E , NMPM, Lea
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURA	ALGAS Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Cil or Condensate	Andress (Give address to which approved only, and the
Injection	the form is to be cently
Name of Automized Transporter of Casinghead Gas of Dry Gas	Address (Give address to which approved copy of this form is to be sent)
Unit Sec. Twp. Ace.	Is gas actually connected? When
If well produces cil or liquids.	1

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

• .

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

## VI. CERTIFICATE OF COMPLIANCE

give location of tanca.

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

W.D.h.

District Operations Manager

March 27, 1985

(Date)

OIL CONSERVATION DIVISION

85 APPRO BY DISTRICT I SUFERVISOR TITLE

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

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

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

Fill out only Sections I. II. III, and VI for changes of owne well name or number, or transporter, or other such change of conditic

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

