#### STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE			
TRANSPORTER	OIL		
UAS			
OPERATOR			
PROMATION OF	ICE		

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

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

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

Operator			
TEXACO Producing Inc.			
Address			
P. O. Box 728, Hobbs, Nev	v Mexico 88240		
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well	Change in Transporter of:	Change of Operator from Getty to	
	O11 Dry Gas	TEXACO Producing Inc. 12/31/84	
X Change in Ownership	Casinghead Gas Condensate		
If change of ownership give name and address of previous owner	FASF		
Lease Name	Yell No.   Pool Name, Including Formation		ase Nc
G.D. Riggs B	7 Justis Blinebry	State, Federal or Fee FED IC-049439	
Location H 1650 Unit Letter:	North Line and	330 East	
Line of Section 1 Towns	nip 26S Range 37E	, ммрм, Lea	County

# III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

El Paso Natural Gas If well produces oil or liquida, give location of tanka.		Sec.	1 Twp.	'Rge. .37	Is gas actually connected? When Yes i Unknown
Name of Authorized Transporter of	Casinghead	Ges	or Dry C	Gas 🗍	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1492, El Paso, TX 79978
Name of Authorized Transporter of Texas N.M. Pipeline	OIXXX	or Cond	iensote [	כ	Andress (Give address to which approved copy of this form is to be sent) P.O, Box 2528, Hobbs, N.M. 88240

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

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. h.h.

			(Signature)	
	District	. Operati	ons Manager	
_	April 13	5, 1985	(Tule)	

(Date)

**DIL CONSERVATION DIVISION** 85 6/1 19 APPRO AY 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 deepent well, this form must be accompanied by a tabulation of the deviatitests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allow able 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 conditio:

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

