STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

P4. PF 197-19 614	****	T	
DISTRIBUTION			1
SANTA FE			
FILE			
U.8.0.A.			
LAND OFFICE			
TRANSPORTER	DIL		
	OAS		
OPERATOR			
PROBATION OFFICE			

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

ALI	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS	
I.		
Operator		
TEXACO Producing Inc.		
Address		
P. O. Box 728, Hobbs, New Me	X1CO 88240	
Reason(s) for filing (Check proper box)		Other (Please explain) Change of Operator from Getty to
New Well Ch	ange in Transporter of:	mry an Droducing Inc 12/21/94
Recompletion		y Gas TEXACO Producting inc.12/31/84
X Change in Ownership	Casinghead Gas Co	andens at e
If change of ownership give name and address of previous owner		
<u>-</u>		
II. DESCRIPTION OF WELL AND LEAS	E II No. Foot Name, Including Fo	primation
		7-Rivers Queen state, Federal or Fee FED-LC032592
Cooper Jal Unit 14	1 Dangile Pattix	7 Tavars gaecar state, 1 tatal st. 1 Fib-12032, 192
Location	Nowth	330 Feel From The West
Unit Letter D : 330 Fe	es From The North Line	e and 330 Feet From The West
		37E NMPM, Lea County
Line of Section 30 Township 2	45 Range	3/E , NMPM, Led County
		CAS
III. DESIGNATION OF TRANSPORTER	or Condensate	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Cil	er condensate	
Injection	Gas or Dry Gas	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead	54.5.7 64.5.7	
	. Sec. Twp. 'Rge.	Is gas actually connected? When
If well produces oil or liquids,	Sec. Twp. Rge.	
give location of tanks.		
If this production is commingled with that for	com any other lease or pool,	give commingling order number:
NOTE: Complete Parts IV and V on rei	verse side if necessary.	
		OU CONCEDIVATION DIVISION
VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION DIVISION
e e de la constanta de la cons	Oil Consequering Division have	APPROVED June 1, 19 85
I hereby certify that the rules and regulations of the been complied with and that the information given is	true and complete to the best of	11/1/
my knowledge and belief.	•	BY ZZWZZZZ
		DISTRICT I SUFERVISOR
		TITLE
w.B. hh		This form is to be filed in compliance with RULE 1104.
W. D. 707 C		If this is a request for allowable for a newly drilled or desper
(Signature)		well, this form must be accompanied by a tabulation of the deviation that taken on the well in accordance with RULE 111.
District Operations Manager		All sections of this form must be filled out completely for allo
(Title)		able on new and recompleted wells.
April 11, 1985		Fill out only Sections I. II. III. and VI for changes of own
(Date)	17	well name or number, or transporter, or other such change of condition

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

MAY 31 1985