## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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U.\$.0.A.			
LAND OFFICE			
TRANSPORTER	DIL		
	848		
OPERATOR			
PROMATION 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

Operator	•		
TEXACO Producing Inc.			
Address			
P. O. Box 728, Hobbs, New Mexico 88240			
Reason(s) for filing (Check proper box)  Change in Tegnaporter of:  Other (Please explain)  Change of Operator from Getty t			
New Well Change in Transporter of:	maya co Producing Inc. 12/31/84		
Haccompletion -			
Y Change in Ownership Casinghead Gas Ca	ondensate		
If change of ownership give name			
and address of previous owner			
II. DESCRIPTION OF WELL AND LEASE    Well No.   Foot Name, Including Foo	ormation   Kind of Lease No.		
27	tiee the tier tier tier tier tier tier tier tie		
	111111111111111111111111111111111111111		
N 990 South 2310 West			
Unit Letter;Feet From TheLin	_		
Enne	37E Lea County		
Line of Section Township Hange			
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL	GAS		
Name of Authorized Transporter of Cil X or Condensate Address (Give address to which approved copy of this form is to be sent)			
ID O . Box 1910. Midland. TX 79702			
Name of Authorized Transporter of Casinghead Gas X or Dry Gas	Address (Give address to which approved copy of this form is to be sent)		
El Paso Natural Gas Company	P.O. Box 1492, El Paso, TX 79978		
Unii Sec. Twp. Rgs.	Is gas octually connected? When 1952		
if well produces oil or liquids.  give location of tanks.  J 7 25S 37E	Yes		
give location of the	give commingling order number:		
If this production is commingled with that from any other lease or pool,			
NOTE: Complete Parts IV and V on reverse side if necessary.			
OIL CONSERVATION DIVISION			
I hashy consider that the rules and regulations of the Oil Conservation Division have APPROVED			
been complied with and that the information given is true and complete to the best of			
my knowledge and belief.			
	TITLE DISTRICT 1 SUFERVISOR		
	This form is to be filed in compliance with MULE 1104.		
w.B. hh	If this is a request for allowable for a newly drilled or deepene		
	Il wall akin form must be accompanied by a tabulation of the deviation		
(Signature)	Il tests taken on the well in accordance with RULE 111.		
District Operations Manager  (Tule)	All sections of this form must be filled out completely for allow		
April 12, 1985	shie on new and recompleted walls.  Fill out only Sections I. II. III, and VI for changes of owner		
(Date)	well name or number, or transporter, or other such change of condition		
	Separate Forms C-104 must be filed for each pool in multiple completed wells.		

MAY 31 1985