

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

I. Operator: TEXACO Producing Inc.  
Address: P. O. Box 728, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box):  
☐ New Well  
☐ Recompletion  
☒ Change in Ownership  
 Change in Transporter of:  
☐ Oil ☐ Dry Gas  
☐ Casinghead Gas ☐ Condensate

Other (Please explain):  
 Change of Operator from Getty to  
 TEXACO Producing Inc. 12/31/84

If change of ownership give name  
and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>A.B. Coates C</u>	Well No. <u>10</u>	Pool Name, including Formation <u>Justis Blinebry</u>	Kind of Lease State, Federal or Fee <u>FED LC-032650 (B)</u>
Location Unit Letter <u>F</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>2080</u> Feet From The <u>West</u> Line of Section <u>24</u> Township <u>25S</u> Range <u>37E</u> , NMPM, <u>Lea</u> Count: _____			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Texas N.M. Pipeline Co.</u> (0055-1239)	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 2528, Hobbs, N.M. 88240</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>El Paso Natural Gas Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1492, El Paso, TX 79978</u>
If well produces oil or liquids, give location of tanks.	Unit <u>B</u> Sec. <u>24</u> Twp. <u>25S</u> Rge. <u>37E</u> Is gas actually connected? <u>Yes</u> When <u>Unknown</u> R-1330A

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. Loh

(Signature)

District Operations Manager

(Title)

April 25, 1985

(Date)

OIL CONSERVATION DIVISION

APPROVED 6/1 85

BY James L. Lorton  
TITLE DISTRICT 1 SUPERVISOR

This form is to be filed in compliance with RULE 1104.  
 If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the device tests taken on the well in accordance with RULE 111.  
 All sections of this form must be filled out completely for all wells on new and recompleted wells.  
 Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.  
 Separate Forms C-104 must be filed for each pool in multicompleted wells.

RECEIVED

MAY 31 1985

O.C.D.  
HOMES OFFICE