

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	☐ OIL
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OPERATOR	
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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)	Other (Please explain)		
☐ New Well ☐ Recompletion ☐ Change in Ownership	Change in Transporter of: ☒ Oil ☐ Casinghead Gas	☐ Dry Gas ☐ Condensate	

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name A.B. Coates C	Well No. 15	Pool Name, including Formation Justin Montoya	Kind of Lease State, Federal or Fee Fed LC-032650 (B)	Lease No.
Location				
Unit Letter O	: 660	Feet From The South Line and	1980	Feet From The East
Line of Section 24	Township 25S	Range 37E	N.M.P.M.	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)
Texas N.M. Pipeline Co. (0055-2308)	P.O. Box 2528, Hobbs, N.M. 88240
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Co.	P.O. Box 1492, El Paso, TX 79978
If well produces oil or liquids, give location of tanks.	Is gas actually connected? when
Unit: B Sec: 24 Twp: 25S Rge: 37E	Yes 1958

If this production is commingled with that from any other lease or pool, give commingling order number: R-1330A

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.

R. Frank Gray
(Signature)
Dist. Opr. Mgr.
8/8/85
(Date)

OIL CONSERVATION DIVISION

APPROVED AUG 16 1985
BY _____
TITLE OIL & GAS INSPECTOR

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

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

All sections of this form must be filled out completely for allowable 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 multiply completed wells.

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C.C.D.
HOBBS OFFICE

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ENERGY AND MINERALS DEPARTMENT

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

Form C-104
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REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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
☐ Casinghead Gas
☐ Dry 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 A.B. Coates "C"	Well No. 15	Pool Name, including Formation Justis Montoya	Kind of Lease State, Federal or Fee	Lease FED IC-032650 (B)
Location Unit Letter <u>O</u> : <u>660</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>East</u> Line of Section <u>24</u> Township <u>25S</u> Range <u>37E</u> , NMPM, Lea Cou				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Shell Pipeline Corp.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1910, Midland, TX 79702
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1492, El Paso, TX 79978
If well produces oil or liquids, give location of tanks.	Unit <u>B</u> Sec. <u>24</u> Twp. <u>25S</u> Rce. <u>37E</u> Is gas actually connected? <u>Yes</u> when <u>1958</u>

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 24, 1985

(Date)

OIL CONSERVATION DIVISION

APPROVED 6/1, 19 85

BY [Signature]

TITLE DISTRICT 1 SUPERVISOR

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