STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMEN	т	• •		orm C-104 evised 10-01-78
Distrieurion DIVISION			F	ormat 05-01-63
1447A FE				age 1
PILE	SANTA FE, NEW MEXICO 87501			
LAND OFFICE				
TRANSPORTER DIL				
CPERATOR CONTRACTOR		DR ALLOWABLE		
PROMATION OFFICE		AND SPORT OIL AND NATURAL G	25	
I.			~~	
Operator				
TEXACO Producing Inc.				·····
P. C. Box 728, Hobbs, M	New Mexico 88240			
Reason(s) for filing (Check proper box)	1	Other (Please explain	-	- + +
New Well	Change in Transporter of:	The Due of	erator from Ge	
Recompletion		TEXACO Produ	eing me. 1.	2/31/84
Y Chonce in Cwnership	Casingheod Gas	Condensate		
If change of ownership give name and address of previous owner				
II. DI CONTRON OF WELL AND	D LEASE Well No. Pool Name, Including		1 Lease	Lease No.
Lecse home	4 Dollarhide F	1	_	tate B-9311
MEXICO C				
Unit Letter:	Feel From The South	ine andFeet	From The	
Line of Section 32 Taw	mahlp 24S Ronge	38E , NMPM, Le	a	County
IIL DESIGNATION OF TRANSP	ORTER OF OIL AND NATURA	LGAS Addients (Give address to which	approved copy of this	form is to be sent)
Name of Authorized Transporter of Cil		P.O. Box 2528, Hobb		
Texas New Mexico Pipel Name of Authorized Transporter of Cas		Address (Give address to which	approved copy of this	form is to be sent;
		P.O. Box 1492, El P		
El Paso Natural Gas Co	Unit Sec. Twp. Rge.	is gas actually connected?	When	
If well produces oil or liquide, give location of tanks.	G 5 25S 38H	Yes	12/16/7	6
If this production is commingled with		give commingling order numbe	r: PLC-11	
NOTE: Complete Parts IV and V	on reverse side if necessary.			
VI. CERTIFICATE OF COMPLIAN	NCE	OIL COINSE	RVATION DIVISI	
I hereby certify that the rules and regulation been complied with and that the information	ms of the Oil Conservation Division have in given is true and complete to the best of	APPROVED	1.17.	<u>6/1</u> , 19 <u>85</u>
my knowledge and belief.		BY	UFERVISOR	
. /		TITLE		
w.B.h.	h	This form is to be file		
a second seco		If this is a request for	allowable for a new	iy drilled or deepenc
Signal	we)	well, this form must be acc tests taken on the well in	sccordance with RL	LL 111.
District Operations Mar		All sections of this fo	rm must be filled out	
April 12, 1985	· · ·	able on new and recomplet Fill out only Sections	I. II. III. and VI	for changes of owner
(Deu	12	well name or number, or trai	aporter, or other suc	n change of condition

Separate Forma C-104 must be filed for each pool in multiply completed wells.

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