

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

OIL CONSERVATION DIVISION
P. O. BOX 2086
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Form 06-01-83
Page 1

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
☐ Gaslinehead 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 <u>State "BB"</u>	Well No. <u>2</u>	Pool Name, including Formation <u>Justis Tubb Drinkard</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No. <u>B1556</u>
Location Unit Letter <u>D</u> <u>430</u> Feet From The <u>North</u> Line and <u>990</u> Feet From The <u>West</u> Line of Section <u>2</u> Township <u>25S</u> Range <u>37E</u> NMPM <u>Lea</u> County				

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 New Mexico Pipeline (1055-1226)</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 2522, Hobbs, NM 88240</u>
Name of Authorized Transporter of Gaslinehead 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 1384, Jal., New Mexico</u>
If well produces oil or liquids, give location of tanks: Unit <u>C</u> Sec. <u>2</u> Twp. <u>25</u> Rge. <u>37</u>	Is gas actually connected? <u>Yes</u> when <u>Unknown</u>

If this production is commingled with that from any other lease or pool, give commingling order number: PC 135

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. L. L.
(Signature)

District Operations Manager
(Title)

April 15, 1985
(Date)

OIL CONSERVATION DIVISION

APPROVED 6/1, 1985
BY [Signature]
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 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 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 multiple completed wells.