STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

(Date)

90. 80 tooks bit	****	
DISTRIBUTION		
LANTA FE		
FILE		
U.S.O.A.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PROBATION 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

Separate Forms C-104 must be filed for each pool in multip completed wells.

REQUEST FOR ALLOWABLE AND

PRORATION OFFICE	AUTHORIZATION TO TRANSF	PORT OIL AND NATURAL GAS		
Operator				
		•		
TEXACO Producing Inc.				
P. O. Box 728, Hobbs, Nev	w Mexico 88240			
Reason(s) for liling (Check proper box)		Other (Please explain)		
New Well	Change in Transporter of:	Change of Operator from Getty to TEXACO Producing Inc. 12/31/84		
Recompletion		, 5		
Change in Ownership	Casingheod Gas Co	ondens at s		
If change of ownership give name and address of previous owner				
II. DESCRIPTION OF WELL AND I	EASE	ormation Kind of Lease	Lease No	
Lease Name	Well No. Pool Name, including	7 Discount State. Federal or Fee FFF	2000	
J. W. Sherrell	10 Jalmat Tansii	1 Yates 7-Rivers Stone, Federal or FeeFEE	_1	
Location	Feet From The North Lin	e and 2000 Feet From The West		
Unit Letter C : 660	Feet From The NOT CIT Lin	e and		
Line of Section 6 Towns	hip 25S Range 3	7E , NMPM, Lea	County	
Cine of Section				
Name of Authorized Transporter of Oil	RTER OF OIL AND NATURAL or Condensate	Address (Give address to which approved copy of this form is	to be sent)	
Name of Authorized Transporter of Casing	thead Gas or Dry Gas X	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		
	nit Sec. Twp. Rgs.	Is gas actually connected? When		
If well produces oil or liquids, give location of tanks.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Yes 7/9/80		
If this production is commingled with	that from any other lease or pool,	give commingling order number:		
NOTE: Complete Parts IV and V of	in reverse state if necessary.	11		
VI. CERTIFICATE OF COMPLIANCE	Œ	OIL CONSERVATION DIVISION		
		APPROVED 6/1	19 85	
I hereby certify that the rules and regulations been complied with and that the information to	given is true and complete to the best of	Gun Selt		
my knowledge and belief.	•	BY TWO THE		
		TITLE DISTRICT I SUFERVISOR		
w.B. he	/	This form is to be filed in compliance with RUL	F 1104.	
W.D. h		If this is a request for allowable for a newly dril	led or deepen-	
(Signatur		Il was the form must be accompanied by a tabulation	of the desiett	
District Operations Mana	·	tests taken on the well in accordance with RULE 1 All sections of this form must be filled out comp	letely for allo	
(Tule)		able on new and recompleted wells.		
April 15, 1985		Fill out only Sections I, II, III, and VI for the well name or number, or transporter, or other such char	inges of ownering of condition	
(Date)		ii Mail Usus of Brincel of gransholders, office spell such		

RECEIVED

MAY 31 1985

C.C.D.