## STATE OF NEW MEXICO ENERGY NO MINERALS DEPARTMENT

	£ 10 & 0		
DISTRIBUTION			
84HTA P2			$\overline{}$
FILE			
V.S.D.A.			
LAND DFFICE			
TRANSPORTER	OIL		_
	SAS		
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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.	AUTHORIZATION TO TRANS	SPORT OIL	AND NATU	RAL GAS			
Operator							
TEXACO Producing Inc.							
Address 700 VIII							
P. O. Box 728, Hobbs, New	Mexico 88240						
Resson(s) for filing (Check proper box)		(	Other (Please explain)				
New Well	Change in Transporter of:	1	Change of Operator from Getty to TEXACOProducing Inc. 12/31/84				
Recompletion		ry Gas	TEXACOP:	roducing 1	nc. 12/31/8	4	
X Change in Ownership	Casinghead Gas C	condensate			<del></del>		
If change of ownership give name and address of previous owner		<del> </del>					
II. DESCRIPTION OF WELL AND LE						<del></del>	
Lease Name	Well No.   Foo. Name, Including F			Kind of Lease		Lease No	
Cooper Jal Unit	210 Jalmat Yates -	7-Rive	rs	State, Federal or F	Fee		
Location		•					
Unit Letter L : 1980	Feet From The South Lin	ne and66	0	_ Feet From The _	West		
24	246						
Line of Section 24 Township	,24S : Range	36E	, NMPM	·	Lea	County	
III. DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil Schell Pipeline Company Name of Authorized Transporter of Casinghe El Paso Natural Gas Company If well produces oil or liquids, give location of tanks.  If this production is commingled with the	or Condensate	Address (G. P.O. Address (G. P.O. Is gas actual Yes	P.O. Box 1910, Midland, TX 79702  Address (Give address to which approved copy of this form is to be sent)  P.O. Box 1910, Midland, TX 79702  Address (Give address to which approved copy of this form is to be sent)  P.O. Box 1492, El Paso, TX 79978  Is quas actually connected?  Yes  Unknown				
NOTE: Complete Parts IV and V on	reverse side if necessary.						
VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION DIVISION					
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.							
WB. hh		This	form is to	be filed in comp	lience with RULE	1104.	
(Signature)  District Operations Manage	(Signature)  If this is a request for allowable for a newly dri well, this form must be accompanied by a tabulation tests taken on the well in accompanies with all to			by a tabulation of			
(Tule)		All sections of this form must be filled out completely for alloable on new and recompleted wells.					
April 11, 1985		Fill	out only Se	ections I. II. III.	and VI for change		
,,			rate Forms		filed for each pool		

RECEIVED

MAY 31 1985

HOSBS OFFIRE