STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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DISTRIBUTION			
BANTA PE			
PILE			
U.#.Q.A.			
LAND OFFICE			
TRANSPORTER	OIL	I	
	GAS		
OPERATOR '			
PROBATION OFFICE			T

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.				
P. O. Box 728, Hobbs, New	Mexico 88240			
Reason(s) for filing (Check proper box)			Other (Please explain) Change of Operator from Getty	0
New Well	Change in Transporter of:		change of Operator from 2007	34
Recomplation	Oil	Dry Gas	TEXACO Producing Inc. 12/31/9	
X Change in Ownership	Casinghead Gas	Condensale		
X Change in Contract				
f change of ownership give name				
and address of previous owner			·	
II. DESCRIPTION OF WELL AND L	EASE		Kind of Lease	Lease No.
Lease Name	hen hours		Sime Federal of Fee	
Skelly Penrose "A"Uni	t 38 Langlie	Mattix 7	-Riv.Queen	
Location		·		
N 740	Feet From The South	Line and	2000 Feet From The West	
Unit Letter 19 : 720				County
Line of Section 3 Townsh	Jp 23S Rai	nge 37 F.	, NMPM, Lea	
Like 6: Section 5				
III. DESIGNATION OF TRANSPOR	TER OF OIL AND NA	TURAL GAS	i (Give address to which approved copy of this form is	to be sent)
Name of Authorized Transporter of Oil	or Condensate	Addres	Give genters to mitter and	
None - Injection			s (Give address to which approved copy of this form is	to be sent)
Name of Authorized Transporter of Casing	head Gas or Dry Gas	☐ Addres	s (Give address to which -ry	
			When	
Ur	ail Sec. Twp.	Ros. Is que	actually connected? When	
If well produces oil or liquids,	1 1			
If this production is commingled with t	hat from any other lease	or pool, give co	mmingling order number:	
NOTE: Complete Parts IV and V o	n reverse side if necessar			
			OIL CONSERVATION DIVISION	
VI. CERTIFICATE OF COMPLIANCE		∥.	\bigcap June 1, A	19 85
I hereby certify that the rules and regulations	of the Oil Conservation Divis		ROVED	.,
hereby certify that the rules and regulations of the one complete to the best of been complied with and that the information given is true and complete to the best of				
my knowledge and belief.		- 1	DISTRICT I SUPERVISOR	
		TIT	E DISTANCE I SOF ENVIRON	
	/		This form is to be filed in compliance with RU	LE 1104.
w.B. he				iled or deepen
(Signatur		well	this form must be accompanied by a tabulation taken on the well in accordance with RULE 1	11.
District Operations Mana			All sections of this form must be filled out come on new and recompleted wells.	oletely for allo
March 27, 1985		117	to a second to the and VI for ch	anges of owns
		— well	name or number, or transportar, or other section	ingo or a constant
(Date)			Separate Forms C-104 must be filed for each	pool in multip
		com	leted wells.	