STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

(Date)

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DISTRIBUTION					
BANTA PE					
PILE					
A.8.0.9.					
LAND DFFICE					
TRANSPORTER	DIL				
	BAB				
OPERATOR					
PRORATION OFFICE					

OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

Form C-104 Revised 10-01-78 Format 06-01-63 Page 1

Fill out only Sections 1, 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 multiply completed wells.

DECLECT COD ALLOWARIE

BAB	REQUE	ST FOR ALLUW	ABLE	_			
OPERATOR		AND		_			
PRORATION OFFICE	AUTHORIZATION TO T	RANSPORT OIL	_ AND NATU	RAL GAS			
1.						 	
Operator							
TEXACO Producing Inc.							
Address							
P. O. Box 728, Hobbs, New	Mexico 88240						
Resson(s) for filing (Check proper box)	2)			Other (Please explain) Change of Operator from Getty to			
New Well				Producing Inc.			
Recompletion	O11	Dry Gas	TEXACO	Producting Inc.	12/31/04	•	
X Change In Ownership	Casinghead Gas	Condensate					
If change of ownership give name							
and address of previous owner							
TI DECEMBER OF WELL AND I	FASF						
II. DESCRIPTION OF WELL AND L	Well No. Pool Name, Incl	luding Formation		Kind of Lease	ļ	Lease No.	
\		ates 7-Rive	rc	State, Federal or Fee	Fee		
South Langlie Jal Unit	1 10 Julial 10	ales /-Rive	<u> </u>				
Location A 990	Fact	1	990	Feet From The No	orth		
Unit Letter A : 990	_ Feet From The _ East	Line and		Feet From the			
10		276		, Lea		County	
Line of Section 18 Townsh	up 25S Rer	nge 3/15	, NMPI	<u>,</u>			
III. DESIGNATION OF TRANSPOR	TER OF OIL AND NA	TURAL GAS	Come address	to which approved copy of	this form is to	be sent)	
Name of Authorized Transporter of Cil	or Condensate	Add: 015	TOTAL BESTEE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Injection			·	to which approved copy of	this form is to	be sent/	
Name of Authorized Transporter of Cosing	head Gas or Dry Gas	Address	(Cive address	to which approved day, a,	•		
				Who a			
If well produces oil or liquids, Ur	ut Sec. Twp.	Rge. Is gas a	ctually connec	ied? When			
give location of tanks.	1 1						
If this production is commingled with the	has from any other lease (or pool. give com	mingling orde	r number:			
NOTE: Complete Parts IV and V of	n reverse side if necessar	y .					
	· _ - · _ - ·	11	רוו ר	CONSERVATION DIV	JISION		
VI. CERTIFICATE OF COMPLIANC	E	ll l	OIL C	20110ETTATION DIT		0.5	
	•	on have	0VED	1 1	$\frac{6}{1}$	19 85	
I hereby certify that the rules and regulations been complied with and that the information g	iven is true and complete to the	e best of		11/			
my knowledge and belief.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	BY	Line	XXXXX			
any anomicogo and constraints		- 1	// DISTRI	TI SUFERVISOR			
,		TITL					
w.B. he		-	his form is t	o be filed in compliance	• with RULE	1104.	
ω . ω .	\sim			mant for allowable for a	newly drilled	d or deepen	
(Signature			this form mus	it be accompanied by a	tabulation of	IDS GSATSIT	
• •	•	tests	taken on the	well in accordance wit	HAULE 111.	•	
District Operations Mana	161	 ∥∧	11 sections o	f this form must be fille	d out complet	siy for allo	
April 12, 1985		*p;* o	n new and re	scompleted wells. Sections I. II. III. and	Ut for che-	cas of owns	
- M T- T- F		II F	(II) out Only	Sections I. II. III, and	AT IN CURUE	<u> </u>	

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