STATE OF NEW MEXICO

ENERGY AND MINERALS DEPARTMENT

90. 84 (0 716 0 061	. 10 40		
DISTRIBUTION			
BANTA PE			
PILE			
U.1.0.4,			
LAND OFFICE			
TRANSPORTER	DIL		
	9 4 5		
OPERATOR			
PRORATION OFFICE			

OIL CONSERVATION DIVISION

P. O. SOX 2098

SANTA FE, NEW MEXICO 87501

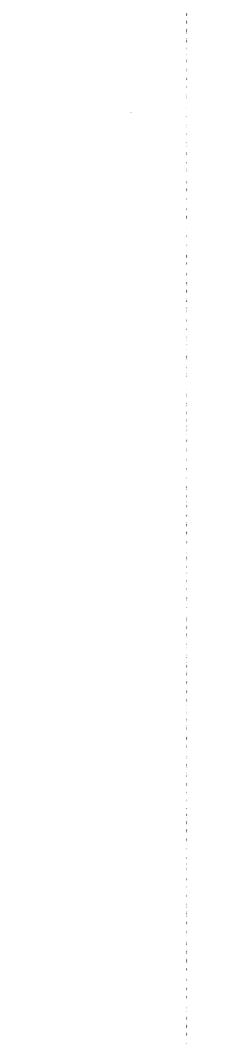
REQUEST FOR ALLOWABLE

Form C-104 Revised 10-01-78 Format 06-01-83

Separate Forms C-104 must be filed for each pool in multipl

OPERATOR			A	CH.		·		
PRORATION OFFICE	AUTHOR	RIZATION I	TO TRANS	PORT OIL AND	NATU	RAL GAS		
Description								
TEXACO Producing In	nc.				•			
Address								
P. O. Box 728, Hobbs,	New Mexic	o 882 4 0						
Resson(s) for filing (Check proper box	,			Other (Picase explain)				
New Well	Change i	Change in Transporter of:			Change of Operator from Getty to TEXACO Producing Inc. 12/31/84			
Recompletion	닏애						.704	
X Change in Ownership	Con	Ingheod Gos		ondensate				
If change of ownership give name								
and address of previous owner								
II. DESCRIPTION OF WELL AN	DIFASE							
Lease Name	Well No.	Pool Name,	Including F	ormation		Kind of Lease		Lease No.
Myers Langlie Mattix Un	it 35	Langlie	Mattin	7-Riv. Que	en_	State, Federal or Fee	FED N	M21644
Location				•				
Unit Letter M : 660	Feet Fro	om The SO	uth Li	ne and660)	Feet From TheW	<u>lest</u>	
						-		_
Line of Section 25 Tox	waship 23S		Range 36	<u> </u>	, NMPM	, Lea		County
		OW 1300	3.1.4.0*T.IT) 2.7					
III. DESIGNATION OF TRANSI	PORTER OF	OIL AND	NATURA	Address (Give a	ddress !	to which approved copy	of this form	is to be sent)
Injection								
Name of Authorized Transporter of Car	singhesa Gas F	or Dry	Gas	Address (Give o	address :	o which approved copy	of this form	is to be sent)
		_		İ				
	Unit Sec	Twp.	Rge.	is gas actually	connect	d? When		
If well produces oil or liquids, give location of tanks.		i 1				I	, <u> </u>	
If this production is commingled wi	th that from a	ny other les	se or pool,	give comminglis	ng order	number:		
NOTE: Complete Parts IV and	V on reverse.	siae ij nece	ssary.	••				
VI. CERTIFICATE OF COMPLIANCE			OIL CONSERVATION DIVISION					
				·	т,	ino 1 /	1	
I hereby certify that the rules and regulati been complied with and that the information	ions of the Oil C	onservation D nd complete t	o the best of	APPROVE		ine 1.		_, 19
my knowledge and belief.	BY TIME							
				DISTRICT I SUPERVISOR				
				TITLE				
w.B.h.	h			11		be filed in complian		
				If this is	a requ	est for allowable for be accompanied by	a aswly dr a tabulation	illed or deepens
(Signa				tests taken	on the t	well in accordance w	ith MULE	111.
District Operations Manager (Tule)				All sections of this form must be filled out completely for allexable on new and recompleted wells.				
April 3, 1985	···,			11			d VI for c'	hances of owner
(Date)			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					

completed wells.



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