## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

(Doie)

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DISTRIBUTION			
BANTA PE			
FILE			
V.1.0.4.			
LAND DFFICE			
TRANSPORTER	OIL		
	BAB		
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

PROBATION OFFICE	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS					
I						
Operator						
TEXACO Producing Inc.						
Address	. Maurica Of	2240				
P. O. Box 728, Hobbs, New	Mexico 80	3240		Other (Please explain)		
Reason(s) for filing (Check proper box)	Change of Operator from Getty to					
Mem Aejj	TEXACO Producing Inc.12/31/84					
Recompletion	☐ °''	-4 C	=	ndensate		
X Change in Ownership	Casinghed					
If change of ownership give name and address of previous owner			<del></del>			
II. DESCRIPTION OF WELL AND L	EASE				Lease No.	
Lease Name Myers Langlie	Well No. Poo	Name, I	ncluding Fo	ormation Kind of Lease State State	B7776	
Mattix Unit	103 La	nglie	e Matt	ix 7-Riv. Queen		
Location				•		
Unit Letter 0 : 660	Feet From TI	sout	th Lin	e and 1980 Feet From The East		
Onst Extres	_				County	
Line of Section 36 Townsh	us 23S		Range 36	E , NMPM, Lea	County	
III. DESIGNATION OF TRANSPOR	TER OF OIL	AND N	ATURAL	. GAS Address (Give address to which approved copy of this form is to	be sent)	
Name of Authorized Transporter of Oil	or Conde	insate [	j			
None-Injection		or Dry G	<u> </u>	Address (Give address to which approved copy of this form is to	be sent)	
Name of Authorized Transporter of Casingle		0. 2., 0	ت			
Ur	ul Sec.	Twp.	Rge.	is gas actually connected? When		
If well produces oil or liquids,	1		1	1		
give location of tanks.				nive commingling order number:		
If this production is commingled with the	hat from any of	ther leas	e or pool,	give comminging order names		
NOTE: Complete Parts IV and V or	n reverse side	if neces.	sary.			
THOTE. Complete Talle				OIL CONSERVATION DIVISION		
VI. CERTIFICATE OF COMPLIANC	E					
I hereby certify that the rules and regulations	of the Oil Conse	rvation Di	vision have	APPROVED June ,1	19 85	
been complied with and that the information g	iven is true and co	omplete to	the best of	Lesses Sestion		
my knowledge and belief.				BY TO THE PLANT OF		
				TITLE DISTRICT I SUFERVISOR		
	/			This form is to be filed in compliance with RULE	1104.	
w.B. he	~			If this is a request for allowable for a newly drille	d or deepens	
(Signoture				Il to the form must be accompanied by a tabulation of	I IVO GOATUITO	
• •	•			itests taken on the well in accordance with RULE 119	•	
District Operations Mana	<u> </u>	<del></del> -		All sections of this form must be filled out comple able on new and recompleted wells.	tera to: Error	
March 26, 1985				Fire out only Sections 1 H III, and VI for chan	ges of own:	
(Date)				well name or number, or transporter, or other such change	e of condition	

or Calved

MAY 31 1985

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