DISTRIBUTION DISTRIBUTION SANTA FE FILE U.S.O.A. LAND OFFICE TRANSPORTER OFERATON PROMATION OFFICE Depretor TEXACO Producing Inc. Address P. O. Box 728, Hobbs, N Resson(s) for filing (Check proper box) New Well Recompletion X Change in Ownership give name nd address of previous owner I. DESCRIPTION OF WELL ANT	SAUTHORIZA	ANTA FE, REQUEST ATION TO TR 38240	BOX 2088 NEW MEXI FOR ALLOW AND	CO 87501 VABLE L AND NATU	RAL GAS	Formai 06-01-83 Page 1 Getty to 12/31/84	
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change of ownership give name nd address of previous owner	Casinghi	ead Gas	Condensate				
nd address of previous owner							
Eugene Coats	6 3	Jalmat Yat	es 7-Rive	rs	Stote, Federal or Fee Fee	e	
Location Unit Letter K : 1	980 Feel From 7	south	Line and	1980	Feet From The	West	
	24S		265	, ммрм	, Lea		Count
IL DESIGNATION OF TRANSP			TRAT GAS				
Name of Authorized Transporter of Oll	OKIEK OI OII		Asaress	(Give address	to which approved copy of th	his form is to b	e senij
Shell Pipeline Company			P O. H	BOx 1910.	Midland, TX 79702	2	
Name of Authorized Transporter of Cast	Inghead Gas X	or Dry Gas		(Give address	to which approved copy of th	his form is to b	e sent)
El Paso Natural Gas Co		_	P.O.	Box 1492.	El Paso, TX 79978	8	
	Unit Sec.	Twp. Ro			ed? When		
If well produces oil ar liquids, give location of tanks.	P 3	245	36E	Yes		known	
this production is commingled with	h that from any o	other lease or p	pool, give com	mingling orde	r number: R-6	663	
NOTE: Complete Parts IV and V							
I. CERTIFICATE OF COMPLIAN	NCE				ONSERVATION DIVIS	SION 6/1	85
hereby certify that the rules and regulatio een complied with and that the informatio	ons of the Oil Conse on given is true and c	complete to the b	have APPR est of BY	Jem	1 Setton	, 19	
ny knowledge and belief. W. D. L.				DISTRIC	TI SUFERVISOR		

.. .

well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111. eat for allows

All sections of this form must be filled out completely for allowable on new and recompleted wells.

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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

(Date)

(Signature)

District Operations Manager (Tule)

April 12, 1985

IL DESCRIPTION	OF WE	LL AND LE.A.	. No. Poo. N	ame, including i	ormation		Kind of Lease		Lease No.
Eugene Coats		6	6 Jalmat Yates 7-Rivers					Store, Federal or Fee Fee	
Location	к	1980 -		South L		1980	Feet From The	West	
Unit Letter		Fe	it From The_		ne cno				
Line of Section	3	Township	24S	Range	36E	, NMPM	, Lea		County

Eugene Coats		0	Jal	mat Yates	7-River	State, Federal or Fee Fee			
ocailon Unit Letter	ĸ	1980 Fe	et From The	South L	ne and	1980	_ Feet From The	West	
Line of Section	3	Township	24S	Range	36E		Lea		County

Name of Authorized Transporter of C		01 0011		•			
Shell Pipeline Compa	iny			P.O. BOX 1910, Midland, TX 79702 Address (Give address to which approved copy of this form is to be seni)			
Name of Authorized Transporter of C	Casinghead	Gas 🕅	er Dry G	az 🛄	Address (Give address to wr		
El Paso Natural Gas	Company	У			P.O. Box 1492, El		
	Unit	. Sec.	Twp.	'Rge.	Is gas actually connected?	Hinet.	
If well produces oil ar liquids, give location of tanks.	P	: 3	24S	36E	Yes	Unknown	
				<u></u>			