STATE OF NEW MEXICO	
ENERGY IND MINERALS DEPARTMENT	Form C-104
00. 00 (0040 0001WED	Revised 10-01-78 Format 06-01-83
DISTRIBUTION OIL CONSER	ATION DIVISION Popel
BANTA /2 P. O. BOX 2088	
U.S.O.J. SANTA FE, 1	NEW MEXICO 87501
LAND OFFICE	
TAANSPORTER OIL	
	FOR ALLOWABLE
	AND ANSPORT OIL AND NATURAL GAS
Operator	
TEXACO Producing Inc.	•
Address	
P. O. Box 728, Hobbs, New Mexico 88240	
Resson(s) for liling (Check proper box)	Other (Please explain)
New Well Change in Transporter of:	Change of Operator from Getty to
	Dry Gas TEXACO Producing Inc.12/31/84
X Change in Ownership Casinghead Gas	Condensete
If change of ownership give name and address of previous owner	
II. DESCRIPTION OF WELL AND LEASE	ing Formation Kind of Lease Fee Lease No
Lease Name Well No. Pool Name, Includ	Aattix 7-Riv.Questrie, Federal or Fee
Skelly Penrose "A"Unit 16   Langlie M	lattix /-Riv.Queen
Location	CCO - Fast
Unit Letter A : 660 Feet From The North	Line and Feel From The East
Line of Section 4 Township 235 Range	37E , NMPM, Lea Count
	THAT CAS
III. DESIGNATION OF TRANSPORTER OF OIL AND NATU	Address (Give address to which approved copy of this form is to be sent)
	P.O. Box 1910, Midland, TX 79702
Shell Pipeline Corp.	in the sent in the
Name of Authorized Transporter of Casinghead Gas 🔀 at Dry Gas	
TEXACO Producing Inc.	
If well produces cil or liquids, Unit Sec. Twp. Rg	1 44 3
give location of tanks. A 4 235 3	
If this production is commingled with that from any other lease or p	pool, give commingling order number:
NOTE: Complete Parts IV and V on reverse side if necessary.	11
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION
I hereby certify that the rules and regulations of the Oil Conservation Division been complied with and that the information given is true and complete to the b	CITOI CIANA A MAN
my knowledge and belief.	DISTRICT I SUPERVISOR
	TITLE This form is to be filed in compliance with RULE 1104.
w. b. h.h	trable is a request for allowable for a newly drilled or deeper
(Signature)	well, this form must be accompanied by a tabulation of the deviat tests taken on the well in accordance with RULE 111.

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All sections of this form must be filled out completely for allow able 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.

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District Operations Manager (Tule)

March 27, 1985

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(Date)

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