STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

(Date)

	110 8.0	
DISTRIBUTION		
SANTA FE		
FILE		
V.8.0.A.		
LAND DFFICE		
TRANSPORTER	DIL	
	BAS	
OPERATOR		
PROMATION 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 multiply completed wells.

REQUEST FOR ALLOWABLE AND

PROMATION OFFICE	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS					
Ι.						
Operator			-			
TEXACO Producing Inc.						
P. O. Box 728, Hobbs, New Mex	ico 88240					
Reason(s) for filing (Check proper box)		Other (Picase explain) Change of Operator from Getty to				
New Well Chan	Change in Transporter of:		meyNCO Droducing Inc 12/31/84			
Recompletion	~·· _	TEXACO Producing Inc. 12/31/84				
X Change in Ownership:	Castnahead Gas Co	ndensets				
If change of ownership give name and address of previous owner		<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>				
II. DESCRIPTION OF WELL AND LEASE	No. Pool Name, Including Fo			Kind of Lease	Fee	Lease No.
	0 Langlie Mattix	7-Riv	Oueen	State, Federal or F	••	
Skelly Penrose "B" Unit 3	U Langite Mattix	. / 1010	· gucar			-1
Location E 1980	1 From TheLin	• and66	0	Feet From The	West	
Unit Letter		37E		Lea		County
Line of Section 4 Township 23	S Range S)/E	, имри	1, 124		County
Name of Authorized Transporter of Oil Shell Pipeline Corp. Name of Authorized Transporter of Casinghead G TEXACO Producing Inc. If well produces oil or liquids. give location of tanks. F	or Condensate	P.C). Rox 191 (Give address). Box 300 ctually connect		TX 79702 opy of this form is	
If this production is commingled with that fro	1 	give com	mingling orde	r number:		
NOTE: Complete Parts IV and V on reve		11		CONSERVATIO	N DIVISION	
VI. CERTIFICATE OF COMPLIANCE		11.	✓ T1	une 1, /		85
I hereby certify that the rules and regulations of the obeen complied with and that the information given is to my knowledge and belief.	Oil Conservation Division have true and complete to the best of	BY	Jam	T I SUFERVIS	<i></i>	., 19
District Operations Manager March 28, 1985		T If well, tests	this is a recthize form mustaken on the li sections on new and re	to be filed in computer for allowable to accompanied well in accordant this form must be accompleted wells.	e for a newly dri by a tabulation ce with RULE t e filled out comp	lied or deepens: of the deviation it. detely for allow
(Date)		well n	ill out only ame or numbe	Sections I. II. II ir, or transporter, o	t other such chai	nge of condition

MAY 31 1985