| STATE OF NEW MEXICO | | • . | |
|--|--|---|--------------------------------|
| NERGY NO MINERALS DEPARTMEN | п | | Form C-104 Revised 10-01-78 |
| DISTRIBUTION OIL CONSERVATION DIVISION | | | Formal 06-01-83 Page 1 |
| BANTA FE P. O. BOX 2088 | | X 2088 | |
| V.3.0.4. | SANTA FE, NEW | / MEXICO 87501 | • - |
| LAND OFFICE | • . | | |
| TRARSPORTER OIL OAS | | RALLOWABLE | |
| OPERATOR | | ND | |
| PROMATION OFFICE | AUTHORIZATION TO TRANSI | PORT OIL AND NATURAL GAS | |
| Operator | | | |
| TEXACO Producing Inc. | New Mexico 88240 | | |
| Resson(s) for filing (Check proper bos | Change in Transporter of: | Other (Please explain) Change of Operator f: TEXACO Producing Inc | |
| Recompielion | | / • | . 12/31/04 |
| X Change in Ownership | Casingheed Gas Ca | undensale | |
| I change of ownership give name and address of previous owner | Well No. Pool Name, including F | | Lease No. |
| E.L. Steeler | 2 Langlie Mattix | 7-Rivers Queen State, Federal or Fe | |
| Unit Letter A : | 50 Feel From The North Lin | • and 660 Feel From The | East |
| Line of Section 17 To | whahlp 235 Range | 37Е , мыры, Lea | County |
| III. DESIGNATION OF TRANS Name of Authorized Transporter of Cl Texas N.M. Pipeline Co. | | P.O. Box 2528, Hobbs, N.M. | 1. 8824 |
| Name of Authorized Transporter of Co TEXACO Producing Inc. | | Address (Give address to which approved cop P.O. Box 3000, Tulsa, OK | |
| if well produces oil or liquids, give location of tanks. | Unit Sec. Twp. Rge. J 17 23S 37E | Is gas actually connected? When Yes I Un | known |
| | ith that from any other lease or pool. | give commingling order number: | |
| NOTE: Complete Parts IV and | V on reverse side if necessary. | | |
| VI. CERTIFICATE OF COMPLIANCE | | | 6/1 85 |
| hereby certify that the rules and regular | tions of the Oil Conservation Division have uon given is true and complete to the best of | APPROVED | |
| been complied with and that the informat my knowledge and belief. | ion given is the and complete to the best of | BY_ELMIXARO | 27 |
| • - | | TITLE DISTRICT I SUFERVISO | R |
| w.b.h | h | This form is to be filed in compli- tf this is a request for silowable i | |

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If this is a request for silowable for a newly drilled or deepense well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

• ,

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)

(Tule)

District Operations Manager

April 30, 1985

RECEIVED NAY SI (SC) HORAS