STATE OF NEW MEXICO								Form C-104 Revised 10-01	
	OIL CONSERVATION DIVISION							Format 06-01- Page 1	•CJ
DISTRIBUTION SANTA PE									
FILE									
U.S.O.S.	SANTA FE, NEW MEXICO 87501							•	
LAND OFFICE									
TRANSPORTER DIL	SECURET FOR ALLOWARDE								
OPERAT DA AND									
PROBATION OFFICE		UTHOR	ZATION TO	O TRANSP	ORT OIL	L AND NATU	RAL GAS		
I.									
Operator	<b>-</b>								
TEXACO Producing	inc.								
Address D O Box 728 Hobb	s. New I	Mexico	88240						
P. O. Box 728, Hobbs, New Mexico 88240									
Reason(s) for filing (Check proper box)						Change (	of Operator from	m Getty t	10
New Well	( 7	Change in 	Transporter		-	TEXACO	Producing Inc	12/31/8	34
Recompletion	l	011			y Gas	I LIMICO I	roadering inc	• • •	
X Change in Ownership		Cusir	igheod Gas	<u>م ل ا</u>	ndenscie				
II. DESCRIPTION OF WELL Lease Norme Myers Langlie Matti:	AND LE	4SE Well No. 43	Fool Name, Langli			v.Queen	Kind of Lease State, Federal or Fee	FED	C060825
Location M	660	Feel Fro	m The		•		Feel From TheW	lest	
Line of Section 29	Township	23S		Range	37E	, NMPN	a, Lea		Countr
III. DESIGNATION OF TR Name of Authorized Transporter Injection	of OIL	or C					to which approved copy of to which approved copy of the second copy of		
Name of Authorized Transporter	of Casinghe	aa Goii (							
If well produces oil or liquids, give location of tanks.	Unit	1 · ·		Rge.					
If this production is comming					give cor	nmingling orde	er number:		
NOTE: Complete Parts IV	and V on	reverse :	siae if nece.	ssary.					

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

W.D

(Signalwe)

District Operations Manader (Tule)

April 3, 1985

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(Date)

**OIL CONSERVATION DIVISION** 85 June 19 APPRO 8 DISTRICT I SUFERVISOR TITLE

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepen well, this form must be accompanied by a tabulation of the deviati tests taken on the well in accordence with RULE 111.

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

Fill out only Sections I. II. III. and VI for changes of own well name or number, or transporter, or other such change of condition

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