Leose Name Myers Langlie Well No. Pool Nome, Including Formation State B1327 Mattix Unit 91 Langlie Mattix 7-Riv. Oudern. Feet From The B1327 Location 0 1 1980 Feet From The State B1327 Location 1 : 1980 Feet From The South Line and 660 Feet From The East Line of Section 32 Township 23S Range 37E NMPM, Lea Cou III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent) None-Injection Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)	DISTRIBUTION SANTA FE FILE U.S.G.A. LAND OFFICE TRANSPORTER OIL GAB OPERATOR	P. O. BOX 2088 SANTA FE, NEW MEXICO 87	SION Page 1	
Intering P. O. BOX 2088 Intering Intering Intering Intering <td< td=""><td>FILE U.S.G.A. LAND OFFICE OIL TRANSPORTER OIL OPERATOR OAB</td><td>P. O. BOX 2088 SANTA FE, NEW MEXICO 87</td><td></td><td></td></td<>	FILE U.S.G.A. LAND OFFICE OIL TRANSPORTER OIL OPERATOR OAB	P. O. BOX 2088 SANTA FE, NEW MEXICO 87		
stade stade <td< td=""><td>U.S.G.A. LAND OFFICE TRANSPORTER GAS OPERATOR</td><td>SANTA FE, NEW MEXICO 87</td><td>501 .</td><td></td></td<>	U.S.G.A. LAND OFFICE TRANSPORTER GAS OPERATOR	SANTA FE, NEW MEXICO 87	501 .	
Land Direct Dill Dill REQUEST FOR ALLOWABLE OPERATOR OPERATOR AND AuthORIZATION TO TRANSPORT OIL AND NATURAL GAS Image in the second of the seco	TRANSPORTER OIL GAS OPERATOR	REQUEST FOR ALLOWABLE		
TRANSPORTER OPL REQUEST FOR ALLOWABLE OPERATION AND PROMATION OFFICE AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operation office AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Correlation TEXACO_Producing Inc. Address Producing Inc. Address Producing Inc. Address Other (Please explain) Change of Operator from Getty to Texactor of previous owner Other (Please explain) Change in Generable Other (Please explain) Change of Operator from Getty to TEXACO Producing Inc.12/31/84 If change of ownership Other (Please explain) Change of ownership give name Condensate If change of ownership give name Condensate Mattix Unit 91 Langlie Mattix Unit 91 Langlie Unit Letter I 1980 Unit Letter 1 1980 Unit Letter	TRANSPORTER OIL GAS OPERATOR			
Base RECOURST FOR ALLOWABLE AND PRECATION OFFICE AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Importance AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Importance Producing Inc. Address Change in Transporter of: Importance Change in Transporter of: Importance Change in Other (Please explain) Change of operator from Getty to TEXACO - Producing Inc. Address of previous owner If change of ownership give name Mattix Unit 91 Langlie Mattix 7-Riv. Ourden Int Letter I Unit Letter 1 1 1980 Feet From The South Line and 660 Feet From The East Line of Section 32 Township 23S Range 37E Name of Authorized Transporter of Oil AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Name of Authorized Transporter of O	DPERATOR			
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS				
Operator TEXACO_Producing Inc. Address P. O. Box 728, Hobbs, New Mexico 88240 Kessen(s) Tor Hing (Check proper box) New Veil Change in Transporter of: Decomplation Oil Common Veil Change in Ownership Change of ownership Cosingheed Gas Condensate Mattix Unit 91 Langlie Mattix Unit 92 Localion Councient Line of Section 32 Township Other (From The Councient of Councensale Norse of Authorised Transporter of Councensale	PRONATION OFFICE			
TEXACO_Producing Inc. Address P. O. Box 728, Hobbs, New Mexico 88240 Keessn(1) for Hing (Check proper box) New Vell Change in Transporter of: Recompletion Other (Picase explain) Change of Operator from Getty to TEXACO : Producing Incl2/31/84 Change in Ownership Cosinghead Gas Condensate Mattix Unit 91 Langlie Mattix Unit 91 Langlie Mattix Unit 91 Langlie Mattix Unit 91 Localion Unit Letter I Design 23S Range 37E Nome of Authorized Transporter of Otil Or Condensate Nome of Authorized Transporter of Otil Or Condensate Name of Authorized Transporter of Otil Or Condensate Name of Authorized Transporter of Cosinghead Gas Or Dry Gas Address (Give address to which approved copy of this form is to be sent/ Nome of Authorized Transporter of Cosinghead Gas Or Dry Gas		AUTHORIZATION TO TRANSPORT OIL AND P	ATURAL GAS	
TEXACO_Producing Inc. Address P. O. Box 728, Hobbs, New Mexico 88240 Keessn(1) for Hing (Check proper box) New Vell Change in Transporter of: Recompletion Other (Picase explain) Change of Operator from Getty to TEXACO : Producing Incl2/31/84 Change in Ownership Cosinghead Gas Condensate Mattix Unit 91 Langlie Mattix Unit 91 Langlie Mattix Unit 91 Langlie Mattix Unit 91 Localion Unit Letter I Design 23S Range 37E Nome of Authorized Transporter of Otil Or Condensate Nome of Authorized Transporter of Otil Or Condensate Name of Authorized Transporter of Otil Or Condensate Name of Authorized Transporter of Cosinghead Gas Or Dry Gas Address (Give address to which approved copy of this form is to be sent/ Nome of Authorized Transporter of Cosinghead Gas Or Dry Gas				
Address P. O. Box 728, Hobbs, New Mexico 88240 Recton(c) for filing (Check proper box) Change in Transporter of: Other (Picose explain) New Yell Other for thing (Check proper box) Change in Transporter of: Change of Operator from Getty to Texaco Producing Incl2/31/84 Change of Operator from Getty to TEXACO Producing Incl2/31/84 Y Change in Ownership Cosinghead Gas Condensate TEXACO Producing Incl2/31/84 Y Change of ownership give name Cosinghead Gas Condensate Exact In DESCRIPTION OF WELL AND LEASE Ecose Nome Myers Langlie Well No. Pool Nome, Including Formation Kind of Lease Lease Nome Myers Langlie Well No. Pool Nome, Including Formation State B1327 Mattix Unit 91 Langlie Mattix 7-Riv. Oluder B1327 Lecelion Unit Letter I 1980 Feel From The South Line and 660 Feel From The East Unit Letter I 1980 Feel From The South Line and 660 Feel From The East Could form is to be sent/ None of Section 32 Township 23S Range 37E NMPM, Lea Could form is to be sent/ Nome of Authoritsed Transporter of Cosinghead Gas				
P. O. Box 728, Hobbs, New Mexico 88240 Reston(1) for filing (Check proper box) New Vell Change in Transporter of: Change of Operator from Getty to TEXACO Producing Inc 12/31/84 Change of Operator from Getty to TEXACO Producing Inc 12/31/84 Change of ownership give name Costing address of previous owner D. DESCRIPTION OF WELL AND LEASE Lease Nome Myers Langlie Well No. Pool Nome, Including Formation Kind of Lease State B1327 Location Unit Letter_I				
Keeston(z) for filing (Check proper box) Other (Picase explain) New Well Change in Transporter of: Other (Picase explain) Recompletion Otil Dry Gas Change in Demorship Casinghead Gas Condensate If change of ownership give name Casinghead Gas Condensate If change of ownership give name Casinghead Gas Condensate If change of ownership give name Casinghead Gas Condensate If change of ownership give name Casinghead Gas Condensate If change of ownership give name Casinghead Gas Condensate If change of ownership give name Casinghead Gas Condensate If change of ownership give name Casinghead Gas Condensate If change of ownership give name Mattix Unit Foot Name, Including Formation Lease Mattix Unit 91 Langlie Mattix 7-Riv. Quidem Mattix Unit 1 2180 Feet From The South Line and 660 Feet From The East Line of Section 32 Township 23S Range 37E NMPM. Lea Cou Name of Authorized Transporter of Otil or Condensate Address (Give address		Mexico 88240		
Recencial for filling (Levers proper dos) Change in Transporter of: Change of Operator from Getty to New Yeil Oil Dry Gas TEXACO Producing Incl2/31/84 Image in Ownership Casinghead Gas Condensate TEXACO Producing Incl2/31/84 If change in Ownership give name Casinghead Gas Condensate TEXACO Producing Incl2/31/84 If change of ownership give name Scones of previous owner East Lease III. DESCRIPTION OF WELL AND LEASE Lease Lease Score, Federal or Fee State Mattix Unit 91 Langlie Mattix 7-Riv. Ourden Score, Federal or Fee State B1327 Localion Unit Letter		Other (Please explain)	
New own Oil Dry Gas TEXACO : Producing Inc.12/31/84 Recompletion Casinghead Gas Condensate TEXACO : Producing Inc.12/31/84 Recompletion Casinghead Gas Condensate TEXACO : Producing Inc.12/31/84 Recompletion Casinghead Gas Condensate TEXACO : Producing Inc.12/31/84 If change of ownership give name Casinghead Gas Condensate Texaco : Producing Inc.12/31/84 If change of ownership give name One name Condensate Condensate If change of ownership give name Mattix One Notes Langlie None of NetLI AND LEASE Lease Lease Name Myers Langlie Well No. Pool Name, Including Formation Kind of Lease State B1327 Mattix Unit 91 Langlie Mattix 7-Riv. Oluden Feet From The		(Change of Operator f.		
Accompletion Out Image in Ownership Cosingheed Gos Change in Ownership Cosingheed Gos If change of ownership give name address of previous owner II. DESCRIPTION OF WELL AND LEASE Lease Name Myers Langlie Well No. Pool Name, Including Formation Kind of Lease State Bl327 Lease Name Myers Langlie Well No. Pool Name, Including Formation State State Bl327 Location 91 Langlie Mattix 7-Riv. Quidenters, Federal or Fee State Bl327 Location Image of Section Unit Letter I 1980 Feet From The South Line and 660 Feet From The East Location Unit Letter Image of Authorized Transporter of Oil or Condensate Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Cosinghead Gas or Dry Ges Address (Give address to which approved copy of this form is to be sent)			CO Producing Inc12/31/84	
It change in Connership County into every and every every every and every and every every every every and ever				
I. DESCRIPTION OF WELL AND LEASE Image: Description of Well And Lease Kind of Lease Lease Lease Name Myers Langlie Well No. Pool Name, Including Formation Kind of Lease Lease Mattix Unit 91 Langlie Mattix 7-Riv. Oldern, Federal of Fee State B1327 Location 91 Langlie Mattix 7-Riv. Oldern, Federal of Fee State B1327 Location 91 Langlie Mattix 7-Riv. Oldern, Federal of Fee State B1327 Location 91 Langlie Mattix 7-Riv. Oldern, Federal of Fee State B1327 Location 91 Langlie Mattix 7-Riv. Oldern, Feet From The East. Unit Letter I : 1980 Feet From The South Line and 660 Feet From The East. Line of Section 32 Township 23S Range 37E NMPM, Lea Cou III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Diy Gas Address (Give address to	X Change in Ownership			
Inactive of from the set of the set	Leose Nome Myers Langlie	Well No. Pool Name, Including Polination	Kind of Lease Storie, Federal or Fee State	L N B1327
Unit Letter I 1980 Feet From The South Line and 660 Feet From The East Line of Section 32 Township 23S Range 37E NMPM, Liea Cou III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of OIL or Condensate Address (Give address to which approved copy of this form is to be sent) None-Injection Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)		91 ILANGILE MALLIX PAR		
Line of Section 32 Township 23S Range 37E NMPM, Liea Cou III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Mane of Authorized Transporter of OIL or Condensate Address (Give address to which approved copy of this form is to be sent) None-Injection Name of Authorized Transporter of Casinghead Gas or Diry Gas Address (Give address to which approved copy of this form is to be sent)		The South Line and 660	Feet From TheEast	
Line of Section 32 Township 23S Range 37E NMPM. LEA III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of OIL or Condensate Address (Give address to which approved copy of this form is to be sent) None-Injection Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)	Unit Letter::	Feel from the <u>bouter</u> can be <u>better</u>		
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of OIL or Condensate Address (Give address to which approved copy of this form is to be sent) None-Injection Name of Authorized Transporter of Casinghead Gas or Dity Gas Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dity Gas		235 Bange 37E	ммрм, Lea	Count
Name of Authorized Transporter of OII or Condensate Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)	Line of Section 52 Tourism	200		
Name of Authorized Transporter of OII or Condensate Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)	III DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GAS		ha
None-Injection Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas Verse address (Give address to which approved copy of this form is to be sent)	Name of Authorized Transporter of OII	or Condensate Andress (Give ad	dress to which approved copy of this form is to	or semy
Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (vive address (viv				10 cent
to approximately connected? When	Name of Authorized Transporter of Casing)	ad Gas or Dry Gas Address (Give ad	idress to which approved copy of this form is to	De senty
			When	
If well produces cil or liquids, give location of tanks.	If wall produces off or liquids, give location of tanks.		I	
If this production is commingled with that from any other lease or pool, give commingling order number:		at from any other lease or pool, give comminglin	g order number:	

_____ 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.B. h.

(Signature)

District Operations Manager (Tile)

March 26, 1985

(Date)

OIL CONSERVATION DIVISION	
APPROVED June 1,	. 19 85
VIANA INTEN	•
BY DISTRICT I SUFERVISOR	

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 deviation tests taken on the well in accordance with RULE 111.

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 owns-well name or number, or transporter, or other such change of conditio:

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

RECEIVED MAY 5.1 1985 O.C.D. HOF BS STITLE