| STATE OF NEW MEXICO NERGY AND MINERALS DEPARTMENT | | | | | Form C-104 Revised 10-01-78 | |
|--|--|---|---|---|--|-------------------------------------|
| DISTRIBUTION OIL CONSERVATION DIVISION | | | | 1 | Format 06-01-83 Page 1 | |
| SAKTA PE | | . BOX 2088 | | | _ | |
| PILE | SANTA FE, M | NEW MEXIC | 0 87501 | | 7 | |
| LAND OFFICE | • . | | | | | |
| TRANSPORTER DIL DIL | REQUEST | FOR ALLOW | ABLE | | | |
| OPERATOR | | AND | | | | |
| PROMATION OFFICE | AUTHORIZATION TO TRA | ANSPORT OIL | AND NATUR | AL GAS | | |
| Cpersion | | | | | | |
| TEXACO Producing Inc. Address P. O. Box 728, Hobbs, New | Mexico 88240 | | | | | |
| Reason(s) for filing (Check proper box) | | | Other (Please | explain) | om Cotty to | |
| New Vell | Change in Transporter of: | | Change O | f Operator fr | om Gelly 10 | |
| | | Dry Gas | TEXACO P | roducing Ir | 1C. 12/31/84 | |
| X Change in Ownership | Casingheod Gas | Condensate | | | | |
| | | | | | | |
| If change of ownership give name | | | | | | |
| and address of previous owner | <u></u> | | | | | |
| and address of previous owner | EASE | | | Kind of Lease | | Lease No. |
| II. DESCRIPTION OF WELL AND L | EASE Well No. Pool Name, Includ | ling Formation | | | Fee | Lease No. |
| and address of previous owner | EASE Well No. Pool Name, Includ 90 Langlie Ma | ung Formation attix 7-1 | Riv.Quee | Kind of Lease State, Federal or Fee | Fee | Lease No. |
| II. DESCRIPTION OF WELL AND L Leoke Nerme Myers Langlie Mattix Unit | 90 Langlie Ma | attix 7-1 | Riv.Quee | | Fee | Lease No. |
| II. DESCRIPTION OF WELL AND L Leose Name Myers Langlie Mattix Unit | EASE Well No. Pool Name, Includ 90 Langlie Ma Feet From The South | attix 7-1 | | State, Federal or Fee | | Lease No. |
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| II. DESCRIPTION OF WELL AND L Lecase Name Myers Langlie Mattix Unit Location Unit Letter | 90 Langlie Ma Ma South South Ma Condensate Ma 1ine Co. (0055-2 Ma Mad Gas (X) or Dry Gas Ma | Line and attix 7-J and and and URAL GAS Andress 174 P.O Address | 660 NMPM, (Give address s BOX 25 (Give address s | Fiote, Federal or Fee Feet From The Lea which approved cop 28, Hobbs, o which approved cop | West y of this form is to N.M. 8824(y of this form is to | County be sens; 0 be sens; |
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| II. DESCRIPTION OF WELL AND I Lease Name Myers Langlie Mattix Unit Location Unit Letter L 1980 Line of Section 33 Townel Mare of Authorized Transporter of Oli Z Texas New Mexico Pipe Name of Authorized Transporter of Casing El Paso Natural Gas C | 90 Langlie Ma 90 Langlie Ma South South 235 Range ATER OF OIL AND NATT or Condensate 1ine Co. (0055-2 head Gas (2) or Dry Gas company nit Sec. Twp. Re | Line and • 37E URAL GAS Address 174) P.O Address P.O. | 660 , NMPM, (Give address t Box 25 (Give address t Box 149 ctually connection | Fiote, Federal or Fee _Feet From The Lea o which approved cop 28, Hobbs, o which approved cop 2, El Paso, | West y of this form is to N.M. 8824(y of this form is to Texas 79 | County be sens; 0 be sens; |

NOTE: Complete Parts IV and V on reverse side if necessary.

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

(Signature)

District Operations Manager

March 26, 1985

(Date)

OIL CONSERVATION DIVISION , 19 ____85 APPRC B٦ 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 deepene well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with AULE 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 owner well name or number, or transporter, or other such change of condition

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