STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

(Date)

	* ** **	Π	
DISTRIBUTION			
BANTA FE			
PILE			
u.s.o.s.			
LAND OFFICE			
TRANSPORTER	DIL		
	GAB		
OPERATOR			
PROBATION 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 multip, completed wells.

REQUEST FOR ALLOWABLE AND

PROMATION OFFICE	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
Coperator				
TEXACO Producing Inc	Υ			
P. O. Box 728, Hobbs, New				
Reason(s) for filing (Check proper box)	MEXICO GOZIO	Other (Please explain)		
New Well	Change in Transporter of: Change of Operator from Getty to			
Recompletion	Oil D	TEXACO Producing Inc. 12/31/84		
X Change in Ownership	Casingheod Gas Co	ondensate		
If change of ownership give name and address of previous owner				
II. DESCRIPTION OF WELL AND L	EASE	Cormation Kind of Lease Lease	ase No	
Lease Name	i well No. I Pool Name, including to	of marion		
Skelly Penrose"A"Unit	<u> 163 Langlie Matt</u>	tix 7-Riv Queen State, Federal or Fee		
Location	_ Feel From The South Lin	ne and 1310 Feet From The West		
Unit Letter M : 1310	_ Feet From the <u>DOUCTI</u> Line			
Line of Section 3 Townsh	up 23S Range	37E , NMPM, Fee	County	
		Y C 4 S		
III. DESIGNATION OF TRANSPOR	or Condensate	Address (Cive dadress to which approve		
Shell Pipeline Compan		P.O. Box 1910, Midland, TX 79702 Address (Give address to which approved copy of this form is so be s		
Name of Authorized Transporter of Casingh	nead Gas 📉 er Dry Gas 🗌		eni,	
TEXACO Producing Inc.	sit Sec. Twp. Rgs.	P.O. Box 3000, Tulsa, OK 74102		
If well produces oil or liquids, give location of tanks.	Sec. Twp. Ros. 37E			
If this production is commingled with the				
NOTE: Complete Parts IV and V or	n reverse side if necessary.	11		
VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION DIVISION	_	
		APPROVED June 1, 19 8	5	
been complied with and that the information given is true and complete to the best of				
my knowledge and belief.		DISTRICT 1 SUFERVISOR		
		TITLE		
		This form is to be filed in compliance with RULE 110.		
(Signature		If this is a request for allowable for a newly drilled or well, this form must be accompanied by a tabulation of the	deviati:	
tests taken on the well in accordance with RULE		tests taken on the well in accordance with RULE 111.		
(T())a)		All sections of this form must be filled out completely in able on new and recompleted wells.		
March 27, 1985		Fill out only Sections I. II. III., and VI for changes of well name or number, or transporter, or other such change of o	of owne	
(Date)		Mary Dema At Hamparia.		