STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

(Date)

DISTRIBUTION			
BANTA FE			
PILE			
U.1.G.A.			
LAND OFFICE			
TRAMSPORTER	DIL		
THAMSPORTER	BAS		
OPERATOR			
"HONGETSON 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 multipl; completed wells.

REQUEST FOR ALLOWABLE

	REGUEST TOR	,		
OPERATOR	ANI			
"HOMESTESN OFFICE	AUTHORIZATION TO TRANSPO	ORT OIL AND NATURAL GAS		
•				
Operator		•		
TEXACO Producing In	.C.			
TEXACO Producing in				
P. O. Box 728, Hobbs, Ne	ew Mexico 88240			
		Other (Please explain)	_	
Kesson(s) for filing (Check proper box)	Change in Transporter of:	Change of Operator from Getty to		
New Well		TEXACO Producing Inc. 12/31/84		
Recompletion		densale		
X Change in Ownership	Casinghead Gas Con-	Gensule		
				
f change of ownership give name				
end address of previous owner				
	TTACE			
II. DESCRIPTION OF WELL AND	Well No. Pool Name, Including For	mation Kind of Lease	Lease No.	
Lease Name	1 1			
Myers Langlie Mattix Uni	t 30 Langlie Mattix /	idv. gaca.		
Location	_	Joon West		
K . 1980	Feet From The South Line	and 1980 Feet From The West		
Unit Letter K : 1980		_	C	
Line of Section 30 Town	nahin 23S Range 3	37E , нырм, <u>Lea</u>	County	
Line of Section 30 Town	nship 238 Augus 2			
	TARITAL AND MATTERAL	CAS		
III. DESIGNATION OF TRANSP	ORTER OF OIL AND NATURAL	GAS Address (Give address to which approved copy of this form is t	o be sent)	
Name of Authorized Transporter of Oil	of Colideria			
Injection		Address (Give address to which approved copy of this form is t	o be sent)	
Name of Authorized Transporter of Cast	inghead Gas or Dry Gas	Address (Other Document)		
		When		
	Unit Sec. Twp. Rge.	is gas actually connected? When		
If well produces oil or liquids,				
give location of tanks.	<u> </u>	-incommingling order number:		
If this production is commingled wit	h that from any other lease or pool, a	give comminging of		
	ida if necessary			
NOTE: Complete Parts IV and V	On reverse size if necessary.	II		
		OIL CONSERVATION DIVISION		
VI. CERTIFICATE OF COMPLIAN	NCE	June 1,	. 85	
in the state of th	one of the Oil Conservation Division have	APPROVED	, 19	
I hereby certify that the rules and regulation been complied with and that the information	on given is true and complete to the best of	July 1 Selton		
my knowledge and belief.	B	BY		
my knowledge and server		DISTRICT I SUPERVISOR		
		TITLE		
		This form is to be filed in compliance with RUL	E 1104.	
w.B.h.		Il	led or deepen	
(Signa		ii	01 1110 04 11011	
• •	· ·	Il taken on the Well in accordance with Note	• • •	
District Operations Ma		All sections of this form must be filled out compl	etery for mile	
(Tu	ie)	able on new and recompleted wells.	ares of owns	
April 3, 1985		Fill out only Sections I, II. III, and VI for cha well name or number, or transporter, or other such chan	ge of condition	
(Da)		well name of number, or transportation		