STATE OF NEW MEXICO			
ENERGY NO MINERALS DEPARTMENT	LS DEPARTMENT		Form C-104 Revised 10-01-78
00. 01 201-10 01221020			
OIL CONSERVATION DIVISION			Page 1
PILE P. O. BC			•
SANTA FE, NEV	W MEXICO 87501		•
LAND OFFICE			
TRANSPORTER DIL RECUEST FO	R ALLOWABLE		
	ND	•	
AUTHORIZATION TO TRANS	PORT OIL AND NATU	RAL GAS	
I			
Operaici			
TEXACO Producing Inc.	<u></u>		
P. C. Box 728, Hobbs, New Mexico 88240			
Reoson(s) for filing (Check proper box)	Other (Please explain) Change of Operator from G		
New Vell Change in Transporter of:	menu co		
	TEXACO	Producing Inc.	12/31/04
X Change in Ownership Casingheod Gas Ca	ondensete		
If change of ownership give name and address of previous owner			
1. DEST, FUTION OF WELL AND LEASE	ormation	Kind of Lease	Lease No
South Langlie Jal Unit 6 Jalmat Yates 7	-Rivers	State, Federal or Fee	Fee
Location		<u></u>	· · · · · · · · · · · · · · · · · · ·
\mathbf{K} 2310 South	e and2310	_ Feet From TheWe	est
Line of Section 8 Township 255 Range	37Е , мири	. Lea	County
IIL DESIGNATION OF TRANSPORTER OF OIL AND NATURAL	. GAS	o which approved copy of s	ALL (OFT AN LO DE SEAL)
Name of Authorized Transporter of Oll X or Condensate			
Shell Pipeline Company	IP.0. BOX 1910,	Midland, TX 7970	Ais form is to be sent;
Name of Authorized Transporter of Casinghead Gas 🔀 or Dry Gas			
El Paso Natural Gas Company	P.U. BOX 1492,	El Paso, TX 7997	
If well produces oil or liquide, Unit Sec. Twp. Ree. give location of tanks. J 7 25S 37E	Yes	1949	
	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·
If this production is commingled with that from any other lease or pool, NOTE: Complete Parts IV and V on reverse side if necessary.	give comminging order		
NOTE: Complete Parts IV and V on reverse size if necessary.			
VI. CERTIFICATE OF COMPLIANCE		ONSERVATION DIVI	
hereby certify that the rules and regulations of the Oil Conservation Division have APPROVED			6/1 , 19 85
my knowledge and belief.	BY ETWE	T I SUFERVISOR	
	TITLE DISTRIC	LI I SUFEKVISUR	
w. b. h.h		be filed in compliance test for allowable for a r	
(Signature)	wall, this form must	be accompanied by a ti	abulation of the deviati
District Operations Manager		well in accordance with	
(Tule)	All sections of able on new and rec	this form must be filled completed wells.	our combiniers to atte

April 12, 1985

(Date)

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 multip: completed wells.