	STATE OF NEW MEXICO ENERGY and MINERALS DEPARTMENT			Form C-104
Image: Second	······································			Revised 10-01-78
	DISTRIBUTION	OIL CONSERV	ATION DIVISION	
Units       SANTA FE, NEW MEXICO 87501         Treastor       RECUEST FOR ALLOWABLE         AuthoRIZATION TO TRANSPORT OL AND NATURAL GAS         Oversein       AuthoRIZATION TO TRANSPORT OL AND NATURAL GAS         Prevention       Change of Operator form Getty to         Discretion of the second state state of the second state of the second state				•
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TEXACO       Producing Inc.         Addition       Addition         Addition       Charge of Case 128, Hobbs, New Mexico 68240         Marcenil for Ming (Case programs)       Charge of Operators from Getty to TEXACO Producing Inc. 12/31/84         Intervention       Control         Intervention       Provide Control         Intervention       State Anone         Intervention       Control         Intervention       Contrevention <td< td=""><td>PRORATION OFFICE</td><td>AUTHORIZATION TO TRANS</td><td>PORT OIL AND NATURAL GAS</td><td></td></td<>	PRORATION OFFICE	AUTHORIZATION TO TRANS	PORT OIL AND NATURAL GAS	
TEXACO       Producing Inc.         Addition       Addition         Addition       Charge of Case 128, Hobbs, New Mexico 68240         Marcenil for Ming (Case programs)       Charge of Operators from Getty to TEXACO Producing Inc. 12/31/84         Intervention       Control         Intervention       Provide Control         Intervention       State Anone         Intervention       Control         Intervention       Contrevention <td< td=""><td></td><td></td><td></td><td></td></td<>				
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Research 1 for filing (Check proper loss)       Change in Transporter st:       Change of Operator from Getty to         Recompliation       Other (Private research)       Change of Operator from Getty to         Recompliation       Other (Private research)       Change of Operator from Getty to         I. DESCRIPTION OF WEIL AND LEASE       Condensere       Condensere         Less Name       Description       Veil No. Foo. Name, including formation         Cooper Jal Unit       121       Jalmat Yates - 7-Rivers       Stema, Feerred or Free         Less Name       Cooper Jal Unit       121       Jalmat Yates - 7-Rivers       Stema, Feerred or Free         Live of Section       24       Teomshop       North       Line and       1650       Feet From The       East         Live of Section       24       Teomshop       24S       Rence       36E       NuPM.       Least       Country         P.O. Box 1910, Midland, TX 79702       Name at Auburset Transporter of Campany       P.O. Box 1920, Midland, TX 79702       Name at Auburset Transporter of Campany       P.O. Box 1920, Midland, TX 79702         Neme at Auburset Transporter of Campany       P.O. Box 1920, Midland, TX 79702       Name at Auburset Transporter of Campany       P.O. Box 1920, Midland, TX 79702         Neme at Auburset Transporter of Campany       P.O. Box 1920, Midland, TX 79703		/ Mexico 88240		
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EX Change in Demethip       Castingheed Gas       Condensets         EX Change in Demethip       Castingheed Gas       Condensets         It change of exercising previous event       Including Formation       Kind of Lease         In DESCRIPTION OF WELL AND LEASE       State, Feetral or Form The       East         Lease Non-       Data T States, Feetral or Form The       Feet From The       East         Unit Letter       B       990       Feet From The       East       County         Unit Letter       B       990       Feet From The       East       County         Unit Letter       B       990       Feet From The       East       County         Unit Letter       Castrophic Corporation       Ascress (Give address to which approved copy of his form is to be sent)       Feet From The       County         Nome of Authousted Transporter SI Countypers Corp of Corporation       Ascress (Give address to which approved copy of his form is to be sent)       P.O. Box 1910, Midland, TX 79702         Name of Authousted Transporter SI Countypers Corpo of Program       P.O. Box 1910, Midland, TX 79702         Name of Authousted Transporter SI Countypers Corpo of Program       P.O. Box 1922, El Paso, TX 79978         It well production is commingled with that from an other letters or pool. Eve commungling order number       Unkinc/mid/mid/mid/mid/mid/mid/mid/mid/mid/mid	New Well	Change in Transporter of:	Change of Operator fr	om Getty to
Line of Sections of periods senter         1. DESCRIPTION OF WILL AND LEASE         Level Nome         Cooper Jal Unit       12 Jalmat Yates - 7-Rivers         Sine, Feetro or Fee       Feet From The         Level Nome       Sine, Feetro or Fee         Doper Jal Unit       12 Jalmat Yates - 7-Rivers         Level Nome       Sine, Feetro or Fee         Level Nome       Section         Value of Section       24         Towners D       24S         Reage       36E         Nome of Authorises Transporter of Coll AND NATURAL GAS         Nome of Authorises Transporter of Compared Cas (D)       or Consensate         P.O. Box 1910, Midland, TX 79702         Accrease (Cove eaderess to which approved copy of this form is to be sent)         P.O. Box 1910, Midland, TX 79702         Accrease (Cove eaderess to which approved copy of this form is to be sent)         P.O. Box 1492, El Paso, TX 79978         If well produces of instat.         J 24 24S 36E         Yes         With Spectary (Cove commingling order number)         NOTE:       Complete Parti W and V on rescrete side if necessary.         A.C. CERTIFICATE OF COMPLIANCE         Mere beet deal baled.         My in wriding and to baldor         My and t	Recompletion		TEXACO Producing In	.c.12/31/84
I. DESCRIPTION OF WFIL AND LEASE       I. DESCRIPTION OF WFIL AND LEASE       Leven More         Leven More       121       Jalmat Yates - 7-Rivers       Sime, Feetrel or Fee       Feet         Looper Jal Unit       121       Jalmat Yates - 7-Rivers       Sime, Feetrel or Fee       Feet         Locetion       B       990       Feet From The       North       1650       Feet From The       East         Line of Section       24       Township       24S       Range       36E       Nuppid.       Least       County         It will perform the Galaxy       24S       Range       36E       Nuppid.       Least       County         III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS       Address of Authorised Transporter of Counserative U and the second s	X Change in Ownership	Casingheod Gas C	ondensate	
Less Nome       Veil No. Foo. Nome, including Formation       Kind of Lesse       Lesse No.         Cooper Jal Unit       121       Jalmat Yates - 7-Rivers       Sime, Feerral or Fee       Feet         Location       B       990       Feet From The       North       1650       Feet From The       East         Unit Letter       24       Township       24S       Rance       36E       NUPM,       Lea       County         Mill DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS       Or Consensate       Address (Give address to which approved copy of this form is to be sent/       North       P.O. Box 1910, Midland, TX 79702         Name of Authotised Transporter of Casingheed Gas (D) or Dry Gas       P.O. Box 1920, Midland, TX 79702       P.O. Box 1920, TX 79978       P.O. Box 1920, TX 79978         If well production is commingled with that from my other lesse or pool, give commingling order number:       Veil production is commingled with that from my other lesse or pool, give commingling order number:       NOTE:         NOTE:       Complete Parts IV and V on reverse side if necessary.       PROVED       June 1,       Not         Mult inserver       Mile is a request for allowide for a lowide	f change of ownership give name nd address of previous owner			
Less Nome       Veil No. Foo. Nome, including Formation       Kind of Lesse       Lesse No.         Cooper Jal Unit       121       Jalmat Yates - 7-Rivers       Sime, Feerral or Fee       Feet         Location       B       990       Feet From The       North       1650       Feet From The       East         Unit Letter       24       Township       24S       Rance       36E       NUPM,       Lea       County         Mill DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS       Or Consensate       Address (Give address to which approved copy of this form is to be sent/       North       P.O. Box 1910, Midland, TX 79702         Name of Authotised Transporter of Casingheed Gas (D) or Dry Gas       P.O. Box 1920, Midland, TX 79702       P.O. Box 1920, TX 79978       P.O. Box 1920, TX 79978         If well production is commingled with that from my other lesse or pool, give commingling order number:       Veil production is commingled with that from my other lesse or pool, give commingling order number:       NOTE:         NOTE:       Complete Parts IV and V on reverse side if necessary.       PROVED       June 1,       Not         Mult inserver       Mile is a request for allowide for a lowide	I. DESCRIPTION OF WELL AND L	EASE		
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Unit Letter	Location			
Line of Section       Township       Hange       NMMA.       Output         III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS <ul> <li>Address (Give address to which approved copy of this form is to be sent)</li> <li>Shell Pipeline Company</li> <li>P.O. Box 1910, Midland, TX 79702</li> <li>Name of Authorised Transporter of Calendreed Gas (I) of Dry Gas</li> <li>Address (Give address to which approved copy of this form is to be sent)</li> <li>P.O. Box 1910, Midland, TX 79702</li> <li>Address (Give address to which approved copy of this form is to be sent)</li> <li>P.O. Box 1910, Midland, TX 79702</li> <li>Address (Give address to which approved copy of this form is to be sent)</li> <li>P.O. Box 1920, El Paso, TX 79978</li> <li>If well produces of of floudes, if y and V on reverse side if necessary.</li> </ul> It his production is commingled with that from any other lease or pool, give commingling order number:         Unknown           NOTE:         Complete Parts IV and V on reverse side if necessary.               A. CERTIFICATE OF COMPLIANCE               hereby certify that the ndes and regulations of the Oil Conservation Division have               M.M.M.               M.M.M.               M.M.M.               M.M.M.               M.M.M.               M.M.M.               Moved and hat the information given is true and complete to the best of this form must b		_ Feel From The Lir	1650 Feel From The	East
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PL Paso Natural Gas Company       P.O. Box 1492, El Paso, TX 79978         If well produces ell or liquids.       Unit       Sec.         If well produces ell or liquids.       J       24       24S       36E       Yes         If this production is commingled with that from any other lease or pool, give commingling order number:       Unknown         NOTE: Complete Parts IV and V on reverse side if necessary.       OIL CONSERVATION DIVISION         A. CERTIFICATE OF COMPLIANCE       OIL CONSERVATION DIVISION         hereby certify that the rules and tegulations of the Oil Conservation Division have even complied with and that the information given is true and complete to the best of the kind with and that the information given is true and complete to the best of the kind with and that the information given is true and complete to the best of the form is to be filed in compliance with RULE 1104.         BY       M.D. M.       Signature!         District Operations Manager       (Tute)         April 11, 1985       (Date)         (Date)       (Date)			P.O. Box 1910, Midland, TX 79702	
If well produces eil or liquids.       Unit       Sec.       Twp.       Rge.       Is gas actually connected?       When         give iccurton of tanks.       J       24       24S       36E       Yes       Unknown         give iccurton of tanks.       J       24       24S       36E       Yes       Unknown         It his production is commingled with that from any other lease or pool, give commingling order number:       Unknown         NOTE:       Complete Parts IV and V on reverse side if necessary.       OIL CONSERVATION DIVISION         A.C. CERTIFICATE OF COMPLIANCE       OIL CONSERVATION DIVISION         hereby certify that the nules and regulations of the Oil Conservation Division have cen complied with and that the information given is true and complete to the best of hy knowledge and belief.       OIL CONSERVATION DIVISION         M.D.       M.D.       M.D.       M.D.         M.D.       M.D.       M.D.       M.D.         M.D.       M.D.       M.D.       This form is to be filled in compliance with AULE 1104.         If this is a request for allowable for a newly drilled or deepend well, this form must be filled out completely for allowable for a newly drilled or deepend well, this form must be filled out completely for allowable for a newly drilled or deepend well.         M.D.       M.D.       All sections of this form must be fulled out completely for allowable for a newly drilled or deepen				
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NOTE: Complete Parts IV and V on reverse side if necessary. 7. CERTIFICATE OF COMPLIANCE hereby certify that the rules and regulations of the Oil Conservation Division have cen complied with and that the information given is true and complete to the best of by knowledge and belief. W. D. M. District Operations Manager (Date) (Date	I well produces cil of liquide,		Yes	nknown
District Operations Manager (Date) April 11, 1985 (Date) District Operations Manager (Date) (Date) District Operations Manager (Date) District Operati	I this production is commingled with th	at from any other lease or pool,	give commingling order number:	
APPROVED June 1, 19 85 APPROVED June 1, 19 85 APPROVED June 1, 19 85 BY	NOTE: Complete Parts IV and V on	reverse side if necessary.		
W.D.       W.D.         W.D.       W.D.         Britch Operations Manager       (Tule)         (Date)       (Date)	7. CERTIFICATE OF COMPLIANCE	· <u> </u>	OIL CONSERVATION D	IVISION
een complied with and that the information given is true and complete to the best of any knowledge and belief.       BY	hereby certify that the rules and regulations o	f the Oil Conservation Division have	APPROVED June 1,	2, 1985
W.D. M.M.       This form is to be filed in compliance with RULE 1104.         Bignature:       (Signature:)         District Operations Manager       (Tule)         April 11, 1985       (Date:)         (Date:)       (Date:)	een complied with and that the information giv ay knowledge and belief.	en is true and complete to the best of	BY JIMI Anton	· · · · · · · · · · · · · · · · · · ·
W.D. M.M.       This form is to be filed in compliance with RULE 1104.         Bignature:       (Signature:)         District Operations Manager       (Tule)         April 11, 1985       (Date:)         (Date:)       (Date:)			DISTRICT I SUFERVISOR	
(Signature)       If this is a request for showable for a newly drilled or deepend well, this form must be accompanied by a tabulation of the deviation of the set taken on the well in accordance with RUL I 111.         April 11, 1985       (Tule)         (Date)       (Date)	his he	, ~		CE WITH RULE 1104.
All sections of this form must be filled out completely for allow (Tule) April 11, 1985 (Date) (Dat	(Signature)		well, this form must be accompanied by a tabulation of the deviation	
April 11, 1985 (Date) (Date)		er	All sections of this form must be filled out completely for allow-	
(Date) well name or number, or transporter, or other such change of condition Separate Forms C-104 must be filed for each pool in multiple	· · ·		able on new and recompleted wells.	
			well name or number, or transporter, or oth	er such change of condition.
				d for each pool in multipi:

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