| STATE OF MENNING | | | | | | | |
|--|-----------------------------|--------------|------------------|------------------|--|-------------------|------------|
| STATE OF NEW MEXICO | | | | | | | |
| ENERGY AND MINERALS DEPARTM | IENT | | | | | | |
| | | | | | | | |
| DISTRIBUTION | | | | | | Form C | |
| BANTA FE | 1 OIL CONSER | | | RVATION DIVISION | | | d 10-01-78 |
| Pile | | | BOX 2088 | | | 06-01-83 | |
| V.8.0.8. | SANTA EE N | | | NEW MEXICO 87501 | | | |
| LAND DFFICE | SAN | IAFE, | NEW MEX | ICO 8750 | 1 | | - |
| TRANSPORTER OIL | • . | | | | • * | | |
| OPERATOR | | | | | | | |
| PROMATION OFFICE | | REQUEST | FOR ALLO | WABLE | | | |
| CHARTEN OFFICE | | | 4110 | | | | |
| Cperator | AUTHORIZATIC | H TO TR | ANSPORT OF | L AND NAT | URAL GAS | | |
| TEXACO Producing | Inc. | | | | | | |
| P. O. Box 728, Hobbs, | | | | | | | |
| Resson(s) for filing (Check proper box | | | | | | | |
| New Well | | | | Other (Pleas | | | |
| Recompletion | Change in Transpo | rter of: | | Change | of Operations | | |
| | 01 | | Dry Gas | TEVAGO | of Operator fi | rom Getty | to |
| X Change in Ownership | Casinghead Ga | | 5 ⁻ I | IEAACO | Producing In | 10.12/31 | /84 |
| channe of | | | Condensate | | - | | |
| change of ownership give name nd address of previous owner | | | | | | | |
| DESCRIPTION OF WELL ANT | | | | | | | |
| Mome Myers Langlie | <u>J LEASE</u> | | | | | | |
| Myers Langlie | Well No. Pool Nam | . including | Formation | | | | |
| actix Unit | | | | | Kind of Lease | | Lease |
| ocailon | | <u>le Ma</u> | <u>ttix 7-F</u> | Riv. One | State, Federal or Fee | State | B997 |
| | | | | | | | // |
| Unit Letter C : 660 | Feel From The NC | rth , | 100 700 | c | | | |
| | | | 1.20 | 0 | Feet From The We | st | |
| Line of Section 2 Town | thip 245 | Range | | | | | |
| | | | <u>37E</u> | , NMPM, | Lea | | |
| DESIGNATION OF TRANSPO | | | | | | | Cou |
| ame of Authorized Traisporter of OII | TRIER OF OIL AND | NATUR# | L GAS | | | | |
| | or Condensate (| | Andress /G | ve address in | which approved copy o | | |
| Injection | | | | | which approved copy o | of this form is t | o be sent) |
| me of Authorized Transporter of Casin | ghead Gas or Dry | Car (| | | | | |
| | | | Address (Gi | ve address to | which approved copy o | f the form | |
| | | | | | | / • Jorm 13 10 | o be sentj |
| vell produces oil or liquide, U e location of tanks, | Init Sec. Twp. | Rge. | Is gas actua | lly connected | | | |
| | | | 1 | | 1 | | |
| is production is commingled with | | | | | | | |
| Is production is commingled with t IE: Complete Parts III - I tr | hat from any other leas | e or pool, | give commine | gling order - | | | |
| TE: Complete Parts IV and V o | A tamarca with it | | - | ering older n | umper: | | |
| | in reverse side if neces. | sary. | | | | | |
| CERTIFICATE OF COMPLIANC | E | | 11 | 01 | | | |
| | | | 11 | | SERVATION DIV | /ISION | |
| by certify that the rules and regulations c complied with and that the information gi | of the Oil Conservation Di- | rician L | · / | 1 | | 10/014 | |
| complied with and that the information given being and belief. | ven is true and complete to | the here of | APPROVE | Jun | = 1, / | , | |
| owieuge and belief. | to to the total piece to | me pest of | | aller . | 111 | , 1 | 9 <u> </u> |
| | | | BY | eng | Xelm | | |
| , | | 1 | | DISTRICT | and the second sec | | |
| | , | | TITLE | PAS HHICI | I SUFERVISOR | | |
| W.B. hl | | | | | | | |
| | | 11 | This fo | orm is to be | filed in compliance | with mus - | |
| (Signature) | | | If this | is a request | for allowable for a r accompanied by a r | | 104. |
| strict Operations Manage | er | | well, this fo | orm must be | for allowable for a in accompanied by a tr in accordance with | awiy drilled | or deepen |
| | | | weis laken | on the well | in accordance with | AULS (14 | ne devisti |
| rch 26 100r (Tule) | | - 11 | A11 | | | | |

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March 26, 1985

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(Date)

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 Forma C-104 must be filed for each pool in multiply completed wells.

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