ENERGY AND MINERALS DEPAR	IMENI				Form C-104 Revised 10-01-78	
DISTRIBUTION	•				Format 06-01-83	
BANTA FE	0	OIL CONSERVATION DIVISION			Page 1	
FILE		P. O. BC		,	·	
V.8.0.4.		SANTA FE, NEV	N MEXICO 87501		•	
LAND OFFICE						
TRANSPORTER DIL		REQUEST FO	R ALLOWABLE			
OPERATOR		AND				
PROBATION OFFICE	AUTHOR		PORT OIL AND NATI	JRAL GAS		
I.						
Operator						
TEXACO Producin	g Inc.			•		
P. O. Box 728, Hobl	os, New Mexico	88240				
Resson(s) for filing (Check prop	er boxj		Other (Pleas	e explain)		
					from Cotty to	
New Well	Change in	Transporter of:	Change	of Operator	LION GELLY LO	
New Well		Transporter of:			Inc.12/31/84	
Recompletion Change in Ownership	Oil Casin					
Recompletion Change in Ownership f change of ownership give n and address of previous owner I. DESCRIPTION OF WEL	ane L AND LEASE	gheod Gae Ca	ry Gas TEXACO	Producing	Inc.12/31/84	GSO NO
Recompletion Change in Ownership if change of ownership give n and address of previous owner I. DESCRIPTION OF WELL Lease Name Myers Lang	AND LEASE	gheod Gas Ca	ormation	Producing Kind of Lease	Inc.12/31/84	
Recompletion Change in Ownership f change of ownership give no and address of previous owner I. DESCRIPTION OF WELL Lease Name Myers Lang Mattix Unit	ane L AND LEASE	gheod Gas Ca	ry Gas TEXACO	Producing Kind of Lease	Inc.12/31/84	
Recompletion Change in Ownership If change of ownership give no and address of previous owner II. DESCRIPTION OF WELL Lease Name Myers Lang Mattix Unit Location	AND LEASE Mell No. 155	gheod Gas Ga	TEXACO ondensate	Producing Kind of Lease State, Federal or Cen	Inc.12/31/84 State	9974
Recompletion Change in Ownership f change of ownership give no and address of previous owner I. DESCRIPTION OF WELL Lease Name Myers Lang Mattix Unit Location	AND LEASE Mell No. 155	gheod Cas Dr Ca Pool Name, Including F Langlie Mat	TEXACO ondensate ormation tix 7-Riv.Ou se and 1986	Producing Kind of Lease State, Federal or Feet From The	Inc.12/31/84 State	974
Recompletion Change in Ownership If change of ownership give no and address of previous owner II. DESCRIPTION OF WELL Lease Name Myers Lang Mattix Unit Location	AND LEASE Mell No. 155	gheod Gas Ga	TEXACO ondensate	Producing Kind of Lease State, Federal or Feet From The	Inc.12/31/84 State	
Recompletion Change in Ownership If change of ownership give no and address of previous owner II. DESCRIPTION OF WELL Lease Name Myers Lang Mattix Unit Location Unit Letter <u>F</u> ;] Line of Section 2	Oil Casin Casin ADE LAND LEASE (lie Well No.) 155 .964 Feet From Township 24S	gheod Gas Dr Game, Including F Langlie Mat a The North Lin Bange	TEXACO ondensate commation tix 7-Riv.Ou te and 1986 37E , NMP	Producing Kind of Lease State, Federal or Feet From The	Inc.12/31/84 State	974
Recompletion Change in Ownership If change of ownership give no and address of previous owner II. DESCRIPTION OF WELL Lease Name Myers Lang Mattix Unit Location Unit Letter <u>F</u> ;] Line of Section 2 III. DESIGNATION OF TR	Oil Casin Casin AND LEASE (lie Well No.) 155 .964 Feat From Township 24S ANSPORTER OF C	gheod Gas Dr gheod Gas Ga Pool Name, Including F Langlie Mat a The North Lin Range DIL AND NATURAI	TEXACO ormalion tix 7-Riv.Ou a and 1986 37E	Producing Kind of Lease State, Federal or Feet From The K. Lea	Inc.12/31/84 State F•• B-9 West	9974 County
Recompletion Change in Ownership Change of ownership give no and address of previous owner I. DESCRIPTION OF WELL Lease Name Myers Lang Mattix Unit Location Unit Letter <u>F</u> ; <u>1</u> Line of Section 2 III. DESIGNATION OF TR Name of Authorized Transporter	Oil Castn Castn Castn Castn Castn LAND LEASE (1ie Well No.) 155 .964 Feet From Township 24S ANSPORTER OF C of Cil 2 or Co	gheod Gas Dr gheod Gas Ga Pool Name, Including F Langlie Mat a The North Lin Range DIL AND NATURAI ndensate	TEXACO ondensate ormation tix 7-Riv.Ou tix 7-Riv.Ou and 1986 37E , NMP GAS	Producing Kind of Lease Store, Federal or Feet From The M. Lea to which approved of	Inc.12/31/84 State Fee B-9 West Copy of this form is to be a	2974 County
Recompletion Change in Ownership Change of ownership give no and address of previous owner I. DESCRIPTION OF WELL Lease Name Myers Lang Mattix Unit Location Unit Letter F :1 Line of Section 2 III. DESIGNATION OF TR Name of Authorized Transporter Texas New Mexi	OII Castn Castn Castn Castn Castn Castn Mell No. 155 .964 Feet From Township 24S ANSPORTER OF C of Cil X or Co co Pipeline	gheod Gas Dr gheod Gas Ga Pool Name, Including F Langlie Mat a The North Lin Range DIL AND NATURAI ndensate C Co. (0055-21	TEXACO andensate TEXACO TEX	Producing Kind of Lease State, Federal or Feet From The M. Lea to which approved of 2528. Hob	Inc.12/31/84 State Fee B-9 West Copy of this form is to be a bs. N.M. 8824	<u>County</u> en()
Recompletion Change in Ownership Change of ownership give no and address of previous owner I. DESCRIPTION OF WELL Lease Name Myers Lang Mattix Unit Location Unit Letter <u>F</u> ; <u>1</u> Line of Section 2 III. DESIGNATION OF TR Name of Authorized Transporter	OII Castn Castn Castn Castn Castn Castn Mell No. 155 .964 Feet From Township 24S ANSPORTER OF C of Cil X or Co co Pipeline	gheod Gas Dr gheod Gas Ga Pool Name, Including F Langlie Mat a The North Lin Range DIL AND NATURAI ndensate C Co. (0055-21	TEXACO ondensate TEXACO ormation tix_7-Riv.Ou a and 1986 37E , NMP GAS Address (Cive address 74) P.O. Box Address (Cive address	Producing Kind of Lease State, Federal or Enterning Feet From The M. Lea to which approved of 2528, Hob to which approved of	Inc.12/31/84 State Fee B-9 West West bs, N.M. 8824 copy of this form is to be a bs of this form is to be a	2974 Counts entj 0 entj
Recompletion Change in Ownership Change of ownership give no and address of previous owner I. DESCRIPTION OF WELL Lease Name Myers Lang Mattix Unit Location Unit Letter F :1 Line of Section 2 III. DESIGNATION OF TR Name of Authorized Transporter Texas New Mexi	Oil Casin Casin ADE AND LEASE (lie Well No.) 155 	gheod Cas	TEXACO andensale TEXACO TEX	Producing Kind of Lease State, Federal or Enterning Feel From The M. Lea to which approved of 2528, Hob to which approved of 1492, El	Inc.12/31/84 State Fee B-9 West West bs, N.M. 8824 copy of this form is to be a bs of this form is to be a	2974 Counts entj 0 entj
Recompletion Change in Ownership Change of ownership give number and address of previous owner I. DESCRIPTION OF WELL Lease Name Myers Lang Mattix Unit Location Unit Letter F: 1 Line of Section 2 III. DESIGNATION OF TR Name of Authorized Transporter Texas New Mexi Name of Authorized Transporter	Oil Casin Casin ADE AND LEASE (lie Well No.) 155 .964 Feat From Township 24S ANSPORTER OF C of Cil X or Co co Pipeline of Casinghead Gas X	gheod Gas Dr gheod Gas Ga Pool Name, Including F Langlie Mat a The North Lin Range DIL AND NATURAI ndensate C Co. (0055-21	TEXACO ondensate TEXACO ormation tix_7-Riv.Ou a and 1986 37E , NMP GAS Address (Cive address 74) P.O. Box Address (Cive address	Producing Kind of Lease State, Federal or Feel From The M. Lea to which approved of 2528, Hob to which approved of 1492, El When	Inc.12/31/84 State Fee B-9 West West bs, N.M. 8824 copy of this form is to be a bs of this form is to be a	2974 Counts entj 0 entj

П

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

W.B.

(Signature) District Operations Manager (Tule) March 26, 1985 (Date)

APPROVED_June 1/ . 19_85_		OIL CC	NSERVATIO	N DIVISIOI	N
Line Alt.	APPROVE)J	une 11		, 1985
BY EUM XIVON		in	1 Sole	fin	
TITLE DISTRICT I SUFERVISOR					

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or despenswell, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

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