Image: Second	STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT							Form C-104 Revised 10-01-78
Image: P. O. BOX 2088         Interview         Interview <td></td> <td><b></b></td> <td>CONCERVA</td> <td>TION</td> <td></td> <td>N</td> <td></td> <td></td>		<b></b>	CONCERVA	TION		N		
The interval       Image: Santa FE, NEW MEXICO 87501         Transmorts       Santa FE, NEW MEXICO 87501         Request FOR ALLOWABLE AND Promation orrigin       Santa FE, NEW MEXICO 87501         Texacroates       Authorization for the Norrigin         New Yell       Change in Transporter of: Out       Other (Piesse explain) Change of Operator from Getty to TEXACO Producing Inc. 12/31/84         Recompletion       Out       Dry Get         Recompletion       Out       Dry Get         Change in Ownership       Condensete       TEXACO Producing Inc. 12/31/84         If change of ownership give name       Condensete       Texaco Producing Inc. 12/31/84         If change of ownership give name       Condensete       NMAT 2488         Idees Name Myers Langlie       Well No. Pool Name, Including Formation       Kind of Lecase         Mattix Unit       141       Langlie Mattix 7-Riv Out Sige, Federal or Fee       NMAT 2488         Leces Nome Mayers Langlie       Yell No. Pool Name, Including Formation       Kind of Lecase       NMAT 2488         Leces Information of Texasporter of Condensete I       141       Langlie Mattix 7-Riv Out Sige, Federal or Fee <td< td=""><td></td><td>OIL</td><td colspan="5"></td><td></td></td<>		OIL						
Uthan       SANTA FE, NEW MEATED DISCUMPTION         Invoorter       REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS         Prometrice orrice       AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS         Interpreter       Control         P. O. Box 728, Hobbs, New Mexico 88240         Record(s) for filing (Catcat proper box)         New Yell         P. O. Box 728, Hobbs, New Mexico 88240         Record(s) for filing (Catcat proper box)         Degree of operator         Record(s) for filing (Catcat proper box)         Change in Ownership         Control         Outer for filing (Catcat proper box)         Change in Ownership         Commode in Ownership         Control         Change of ownership give name         and differe of provides owner         Record(strong)         Mattix Unit         141       Langlie         Mattix Unit       141         Langlie       Feel From The North         Line of Section       Texasporter of Condensate         Mint Letter       H         I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS         Nore of Authorized Transporter of Condensate       Address (Give address to which approved copy of thin form is to be sent/						,		
Late orrice       Dit.       Dit.       Dit.       Dit.         Orean or one of any orrice       Dit.       AND         Authorization to render or orrice       AND         Authorization to transport oil and natural GAS         I.       Correlation         TEXACO       Producing Inc.         Address       Other (Picase explain)         Recompletion       Dit.         New Will       Change in Transporter of:         New Will       Change in Transporter of:         Other (Picase explain)       Change of Operator from Getty to         TEXACO Producing Inc.       Dit.         Address of previous owner       Dit.         It change of ownership       Costingheed Gas         It change of ownership give name       costingheed Gas         It change of previous owner       Mattix Unit         It change of ownership give name       Mattix 7-Riv.Oudem.         Mattix Unit       141       Langlie Mattix 7-Riv.Oudem.         Mattix Unit       141       Langlie Mattix 7-Riv.Oudem.         Unit Letter       H       1962       Feet From The North       Line and _660         Nome of Authorised Transporter of Chill AND NATURAL GAS       Address (Give address to which approved copy of this form is to be sent)	·····	SA	NTA FE, NEW	MEXIC	0 87501			•
Transporter       Green and Construct and Cons		•						
Importation correct       AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS         I.       Control of	TRASIPORTER	·	REQUEST FOR ALLOWABLE					
I.       Cperator         TEXACO       Producing Inc.         Address       P. O. Box 728, Hobbs, New Mexico 88240         Rescondistion       Other (Please explain) Change of Operator from Getty to TEXACO Producing Inc. 12/31/84         Recomplation       Other (Please explain) Change of Operator from Getty to TEXACO Producing Inc. 12/31/84         If change of ownership       Costingheed Ges       Condensote         If change of ownership give name and address of previous owner       Recomplation       Kind of Lease         II. DESCRIPTION OF WELL AND IEASE Lease Name Myers Langlie       Well No.   Pool Name, including Formation       Kind of Lease         Mattix Unit       141       Langlie Mattix 7-Riv.Ouden Feederal NM+7488       Lease No. NM+7488         Location       Unit Letter H       : 1962       Feet From The East       NM+7488         In DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS       Address (Give address to which approved copy of this form us to be read/ Texas New Mexico Pipeline Co. (0055-2174)       P.O. Box 2528, Hobbs, N.M. 88240         Name of Authorized Transporter of Costingheed Ges (Q) or Dry Ges (D) Address (Give address to which approved copy of this form us to be read/ Pince address to which approved copy of this form us to be read/ Pince address to which approved copy of this form us to be read/ Pince address to which approved copy of this form us to be read/ Pince address to which approved copy of this form us to be read/ Pince address to which approved copy of this form us to be read/ P	OPERATOR		Ah	4D				
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TEXACO       Producing Inc.         Address       P. O. Box 728, Hobbs, New Mexico 88240         Resun(i) for (ling (Check proper box)       Change in Transporter of:       Change of Operator from Getty to         New Vell       Change in Transporter of:       Change of Operator from Getty to         TEXACO       Producing Inc. 12/31/84         Change in Ownership       Casinghead Gas       Condenate         If change of ownership give name       Condenate       TEXACO Producing Inc. 12/31/84         If change of ownership give name       Condenate       Condenate         If change of ownership give name       Condenate       Feederal         If change of ownership give name       Mattix Unit       141       Langlie Mattix 7-Riv.Oudent         Mattix Unit       141       Langlie Mattix 7-Riv.Oudent       NM-7488         Locetion       Mattix 24S       Fames 37E       NMPM, Lea         Unit Letter       H       :1962       Feet From The Morth       Line and _660         In DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS       Address (Give address to which approved copy of this form is to be sent)         Name of Authorized Transporter of Casingheed Gas (Q)       or Condenate (Q)       P.O. Box 2528, Hobbs, N.M. 88240         Name of Authorized Transporter of Casingheed Gas (Q)       or Dry Gas       Addre	Coerstor							
Address         P. O. Box 728, Hobbs, New Mexico 88240         Recon(s) for (ling (Check proper box)         New Vell         Recompletion         Other (Please explain)         Change in Ownership         Change in Ownership         Costneybed Gas         Condensate         If change of ownership         Costneybed Gas         Condensate         If change of ownership give name end address of previous owner         II. DESCRIPTION OF WELL AND LEASE         Lease Nome Myers Langlie         Well No.         Pool Name, Including Formation         Mattix Unit         141         Langlie         Mattix Unit         141         Local Name         Mattix Unit         141         Local Name         Unit Letter         H.         1962         Feet From The Morth         Line of Section         Nume of Authorized Transporter of Cill Qit or Condensate         Name of Authorized Transporter of Cill Qit or Condensate         Name of Authorized Transporter of Casingheed Gas Qit or Dry Gas         Name of Authorized Transporter of Casingheed Gas Qit or Dry Gas         Name of		-						
P. O. Box 728, Hobbs, New Mexico 88240  Resion(s) for filing (Check proper box)  New Vell  Recompletion  Recomplet	TLACC	· •						
Resion(s) for filing (Check proper box)       Change in Transporter of:       Other (Please explain)         Recompletion       Other (Please explain)       Change of Operator from Getty to TEXACO Producing Inc. 12/31/84         Recompletion       Other (Please explain)       Change of Operator from Getty to TEXACO Producing Inc. 12/31/84         It change of ownership give name       Condensate       Condensate         II change of ownership give name       Mattix Unit       141       Langlie Mattix 7-Riv. Oud&net         I code Name Myers Langlie       Weil No. Pool Name, Including Formation       Stree, Federal or Free       NMi+7488         I code Name       Identified Transporter of Coll Sector free       NMi+7488       NMi+7488         I code Section       Township 24S       Funge 37E       NMPM, Lea       County         III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Mavico 8	8240					
Recompletion       Change in Transporter of:       Change of Operator from Getty to         Recompletion       Oil       Dry Gas       Change of Operator from Getty to         Recompletion       Oil       Dry Gas       Change of Operator from Getty to         Texaco Producing Inc. 12/31/84       Inc. 12/31/84         If change of ownership give name       Coastinghead Gas       Condensate         If change of ownership give name       Castinghead Gas       Condensate         If change of ownership give name       Mattix Unit       L41       Langlie Mattix 7-Riv_Ouden         Int Letter       H       1962       Feet From The North       Line and 660         Unit Letter       H       1962       Feet From The North       Line and 660         In description       From Ship       24S       Fainge       37E       NMPM.       Lea       County         III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS       Inc. 10055-2174)       P.O.       Box 2528, Hobbs, N.M.       88240         Name of Authorized Transporter of Casinghead Gas (Give address (Give address to which approved copy of this form is to be sent)       P.O.       Box 1492, El Paso, Texas 79978         Name of Authorized Transporter of Casinghead Gas (Give address (Give address for which approved copy of this form is to be sent)       P.O.       Box 1492, El Paso, Texas 7997		W MEXICO O			Out an IPlace	e explaint		
New Well       Change in Transporter of:       Dry Gas       Change in Ovenership         Recomplation       Oil       Dry Gas       TEXACO Producing Inc. 12/31/84         If change of ownership give name and address of previous owner       Texaco Producing Inc. 12/31/84         II change of ownership give name and address of previous owner       III. DESCRIPTION OF WEIL AND IEASE         Lease Name Myers Langlie       Well No. Pool Name, Including Formation       State of Freederal of Free Nume 7488         Lease Name Myers Langlie       Well No. Pool Name, Including Formation       State of Freederal of Free Nume 7488         Location       141       Langlie Mattix 7-Riv. Ouders       Federal of Free Nume 7488         Location       Int Letter_H       : 1962       Feet From The North Line and _660       Feet From The _East         II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS       NMPM, Lea       County         Name of Authorized Transporter of Clip of Condensate       Acainest (Give address to whick approved copy of this form is to be sent)         Name of Authorized Transporter of Clip of Condensate       P.O. Box 2528, Hobbs, N.M. 88240         Name of Authorized Transporter of Casinghead Gas (Q) or Dry Gas       P.O. Box 1492, El Paso, Texas 79978         Plaso Natural Gas Co.       Twp. 'Ree.       Is gas actually connected?       When	Resson(s) for filing (Check proper box)				Change	of Ope	rator fro	m Getty to
Image in Ownership       Change in Ownership         Image of ownership       Casingheod Gas         If change of ownership       Weil No.         If change of ownership       Weil No.         Image       Mattix         Image       Mattix         Image       Mattix         Image       Image         Image       Image <t< td=""><td></td><td>Change in Tra</td><td>insporter of:</td><td></td><td>Change</td><td>Drodu</td><td>aina Tro</td><td>12/31/84</td></t<>		Change in Tra	insporter of:		Change	Drodu	aina Tro	12/31/84
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It change in Ownership give name and address of previous owner         II. DESCRIPTION OF WELL AND LEASE         Lease Name Myers Langlie       Well No. Pool Name, Including Formation         Kind of Lease       Federal         Mattix Unit       141         Local Name       141         Local Name       NM-7488         Local Name       141         Local Name       142         Name of Section       6	1 and 1	Castpahe	od Gas Co	indensate				
and address of previous owner	X Change in Ownership							
Lecose Name Myers Langlie       Well No.   Pool Name, Including In	If change of ownership give name and address of previous owner							
Letter       Hattix Unit       141       Langlie Mattix 7-Riv.Ouden. Federal of Fee       NM-7488         Location       Unit Letter       H       : 1962       Feet From The North       Line and       660       Feet From The       East         Unit Letter       H       : 1962       Feet From The       North       Line and       660       Feet From The       East         Unit Letter       H       : 1962       Feet From The       Outh       Line and       660       Feet From The       East         Line of Section       6       Township       24S       Bange       37E       NMPM,       Lea       County         III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS       Address (Give address to which approved copy of this form is to be sent)         Name of Authorized Transporter of Oil IX       or Condensate       Address (Give address to which approved copy of this form is to be sent)         Name of Authorized Transporter of Casinghead Gas IX       or Dry Gas       Address (Give address to which approved copy of this form is to be sent)         Name of Authorized Transporter of Casinghead Gas IX       or Dry Gas       P.O. Box 1492, El Paso, Texas 79978         El Paso Natural Gas Co.       P.O. Box 1492, El Paso, Texas 79978	<b>II. DESCRIPTION OF WELL AND</b>		Nome, Including F	ormation		1	r	Pederal Lease No.
Location         Unit Letter       H       : 1962       Feet From The North       Line and660       Feet From TheEast         Line of Section       6       Township       24S       Bange       37E       NMPM, Lea       County         III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS         Name of Authorized Transporter of OIL       or Condensate       Address (Give address to which approved copy of this form is to be sent)         Texas New Mexico Pipeline Co. (0055-2174)       P.O. Box 2528, Hobbs, N.M. 88240         Name of Authorized Transporter of Casinghead Gas (Give address to which approved copy of this form is to be sent)         Name of Authorized Transporter of Casinghead Gas (Give address to which approved copy of this form is to be sent)         Paso Natural Gas Co.       P.O. Box 1492, El Paso, Texas 79978         "Unit       Ses, 'Twp. 'Rge, lis gas actually connected?	Leose Name Myers Langlie	pen No. Fo			<b>n</b> : 0	Sigte, F	ederal or Fee	
Location         Unit Letter       H       : 1962       Feet From The North       Line and660       Feet From TheEast         Line of Section       6       Township       24S       Bange       37E       NMPM, Lea       County         III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS         Name of Authorized Transporter of OIL       or Condensate       Address (Give address to which approved copy of this form is to be sent)         Texas New Mexico Pipeline Co. (0055-2174)       P.O. Box 2528, Hobbs, N.M. 88240         Name of Authorized Transporter of Casinghead Gas (Give address to which approved copy of this form is to be sent)         Name of Authorized Transporter of Casinghead Gas (Give address to which approved copy of this form is to be sent)         Paso Natural Gas Co.       P.O. Box 1492, El Paso, Texas 79978         "Unit       Ses, 'Twp. 'Rge, lis gas actually connected?	Mattix Unit	<u>141 I</u>	Langlie Mat	tix 7	$-R_1V_0U$	<u>een</u>		
Unit Letter       H       1902       Feet From The MODE CIVE       County         Line of Section       6       Township       24S       Fange       37E       NMPM,       Lea       County         III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS       Mane of Authorized Transporter of OIL IN or Condensate       Address (Give address to which approved copy of this form is to be sent)       Name of Authorized Transporter of OIL IN or Condensate       Address (Give address to which approved copy of this form is to be sent)         Name of Authorized Transporter of Casinghead Gas I or Dry Gas       Address (Give address to which approved copy of this form is to be sent)         Name of Authorized Transporter of Casinghead Gas I or Dry Gas       Address (Give address to which approved copy of this form is to be sent)         Name of Authorized Transporter of Casinghead Gas I or Dry Gas       Address (Give address to which approved copy of this form is to be sent)         Name of Authorized Transporter of Casinghead Gas I or Dry Gas       P.O. Box 1492. El Paso. Texas 79978         El Paso Natural Gas Co.       P.O. Box 1492. El Paso. Texas 79978	the second se							
Line of Section 6       Township       24S       Range       37E       NMPM.       Line       County         III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS         Name of Authorized Transporter of Cill or Condensate       Address (Give address to which approved copy of this form is to be sent)       Address (Give address to which approved copy of this form is to be sent)         Name of Authorized Transporter of Cill or Condensate       Address (Give address to which approved copy of this form is to be sent)         Name of Authorized Transporter of Casinghead Gas or Dry Gas       Address (Give address to which approved copy of this form is to be sent)         Name of Authorized Transporter of Casinghead Gas or Dry Gas       Address (Give address to which approved copy of this form is to be sent)         Name of Authorized Transporter of Casinghead Gas or Dry Gas       P.O. Box 1492. El Paso, Texas 79978         El Paso Natural Gas Co.       P.O. Box 1492. [1 paso, Texas 79978]	и 1962	)	North up	and 61	50	Feet F	rom The <u>Ec</u>	ast
Line of Section 6 Township 24S Bunge 37E NMPM, Lifea III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Nome of Authorized Transporter of Cill or Condensate Address (Give address to which approved copy of this form is to be sent) Texas New Mexico Pipeline Co. (0055-2174) P.O. Box 2528, Hobbs, N.M. 88240 Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) Resonant of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas (Give Gas (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas (Give Gas (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas (Give Gas (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas (Give Gas	Unit Letter H ; 1902	Feet From 1	<u>1101 011</u> 011					
Line of Section       6       Township       24S       Name       5/15         III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS         Name of Authorized Transporter of OIL X       or Condensate       Andress (Give address to which approved copy of this form is to be sent)         Name of Authorized Transporter of OIL X       or Condensate       Andress (Give address to which approved copy of this form is to be sent)         Name of Authorized Transporter of Casinghead Gas X       or Dry Gas       P.O. Box 2528, Hobbs, N.M. 88240         Name of Authorized Transporter of Casinghead Gas X       or Dry Gas       Address (Give address to which approved copy of this form is to be sent)         Name of Authorized Transporter of Casinghead Gas X       or Dry Gas       Address (Give address to which approved copy of this form is to be sent)         Name of Authorized Transporter of Casinghead Gas X       or Dry Gas       P.O. Box 1492, El Paso, Texas 79978         El Paso Natural Gas Co.       P.O. Box 1492, El Paso, Texas 79978       When			<b>m</b>	275	NMP	м. Т.	ea	County
Name of Authorized Transporter of Cling       or Condensate         Texas New Mexico Pipeline Co. (0055-2174)       P.O. Box 2528, Hobbs, N.M. 88240         Name of Authorized Transporter of Casinghead Gas (2) or Dry Gas       Address (Give address to which approved copy of this form is to be sent)         Name of Authorized Transporter of Casinghead Gas (2) or Dry Gas       P.O. Box 1492, El Paso, Texas 79978         El Paso Natural Gas Co.       P.O. Box 1492, El Paso, Texas 79978	Line of Section 6 Town	iship 24S	- Hange	<u>3/5</u>				
Name of Authorized Transporter of Cling       or Condensate         Texas New Mexico Pipeline Co. (0055-2174)       P.O. Box 2528, Hobbs, N.M. 88240         Name of Authorized Transporter of Casinghead Gas (2) or Dry Gas       Address (Give address to which approved copy of this form is to be sent)         Name of Authorized Transporter of Casinghead Gas (2) or Dry Gas       P.O. Box 1492, El Paso, Texas 79978         El Paso Natural Gas Co.       P.O. Box 1492, El Paso, Texas 79978				_				
Name of Authorized Transporter of Cling       or Condensate         Texas New Mexico Pipeline Co. (0055-2174)       P.O. Box 2528, Hobbs, N.M. 88240         Name of Authorized Transporter of Casinghead Gas (2) or Dry Gas       Address (Give address to which approved copy of this form is to be sent)         Name of Authorized Transporter of Casinghead Gas (2) or Dry Gas       P.O. Box 1492, El Paso, Texas 79978         El Paso Natural Gas Co.       P.O. Box 1492, El Paso, Texas 79978	III DESIGNATION OF TRANSPO	ORTER OF OIL	AND NATURAL	<u>GAS</u>			approved copy	of this form is to be sent)
Texas New Mexico Pipeline Co. (0055-2174)       P.O. Box 2528, Hopps, N.M. 00240         Name of Authorized Transporter of Casinghead Gas (2) or Dry Gas       Address (Give address to which approved copy of this form is to be sent)         Name of Authorized Transporter of Casinghead Gas (2) or Dry Gas       Address (Give address to which approved copy of this form is to be sent)         P.O. Box 1492, El Paso, Texas 79978         El Paso Natural Gas Co.       P.O. Box 1492, El Paso, Texas 79978	None of Authorized Transporter of Cil	S or Conde	enadte 🔲	1				
Itexas New Hexico inportation       Inportation         Name of Authorized Transporter of Casinghead Gas (and the second seco	man New Mariao Dir	Solino Co	(0055-2174	h P.	O. Box	2528.	Hobbs,	<u>N.M. 88240</u>
Name of Authorized Transporter of Califythed Oct 10     P.O. Box 1492, El Paso, Texas 79978       El Paso Natural Gas Co.     P.O. Box 1492, El Paso, Texas 79978	Texas New Mexico Pit	Deltile CU	or Dry Gas	Address	(Give addres:	to which	approved copy	of this form is to be sent?
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that Sec. (wp. Rgs. ) a gar (170/00)	El Paso Natural Gas	<u>Co.</u>		<u><u><u>P</u></u></u>		1974 .	When	
		Unit Sec.	, , ,				i 4/12	/62

If this production is commingled with that from any other lesse or pool, give commingling order number:

15

245: 37E

Yes

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

## VI. CERTIFICATE OF COMPLIANCE

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give location of tanks.

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.

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G

w.B. hh

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

OIL CONSERVATION DIVISION	
APPROVED June 1,	., 19
- Jun Anton	
BY 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 deepened well, 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 allowable 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.