## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.8.			
LAND OFFICE			
TRANSPORTER	DIL		
	DAS		
OPERATOR			
PROMATION OFFICE			

## OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

Form C-104 Revised 10-01-78 Format 06-01-83 Page 1

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

REQUEST FOR ALLOWABLE

PROMATION OFFICE	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
1.				
Operator		•		
TEXACO Producing Inc.				
P. O. Box 728, Hobbs, New	n Mexico 88240			
Reason(s) for liling (Check proper box)	Other (Please explain)			
New Well	Change in Transporter of:	Change of Operator from Getty to		
Recompletion	OII Dry	y Gas TEXACO Producin g Inc 12/31/84		
Change in Ownership	Castnghead Gas Cor	ndensate		
If change of ownership give name and address of previous owner				
II. DESCRIPTION OF WELL AND L	EASE		Lease No.	
Lease Name Myers Langlie	Well No.   Pool Name, Including to	rmation Kind of Leaze Fee	Lease No.	
Mattix Unit	236   Langlie Matt	tix 7-Riv.Que&n.Federal or Fee		
Location				
Unit Letter J : 1980	Feet From The South Line	and 1980 Feet From The East		
			County	
Line of Section 7 Townsh	nip 24S Range	37Е , ммрм, Lea		
Name of Authorized Transporter of OII Texas New Mexico Pi	or Condensate  peline Co.(0055-21	Address (Give address to which approved copy of this form is to 74) P.O. Box 2528, Hobbs, N.M. 88 Address (Give address to which approved copy of this form is to	3240	
El Paso Natural Gas		P.O. Box 1492, El Paso, TX 79	9978	
Ur	nii Sec. Twp. Rge.	is gas actually connected? When	:	
If well produces oil or liquids, give location of tanks.	G 5 24S 37E	Yes Unknown		
If this production is commingled with the	hat from any other lease or pool,	give commingling order number:		
NOTE: Complete Parts IV and V o.				
VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION DIVISION		
	}	June la	85	
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.		BY SUMMED.	19	
,		DISTRICT I SUFERVISOR		
w.B. he		TITLE	1104.	
W. D. If this is a request for allowable for a m		of this to a connect for allowable for a newly drille	d or deepense	
this form must be accompanied by a to			the deviation	
District Operations Mana	ger	tests taken on the well in accordance with RULE 111.  All sections of this form must be filled out completely for allow		
March 27, 1985  All sections of this form must be fined but to able on new and recompleted wells.  Fitt out only Sections I. II. III. and VI for			ges of owner	
(Date)		well name or number, or transporter, or other such chang	of condition	

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