STATE OF NEW MEXICO				Form C-104 Revised 10-01-78 Format 06-01-83	
DISTRIBUTION	OIL CONSER	OIL CONSERVATION DIVISION P. O. BOX 2058			
SANTA PE	Р. О.				
T ALC	SANTA FE. N	SANTA FE, NEW MEXICO 87501			
LAND OFFICE	54414 - 51			*	
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TRANSPORTER GAS	REQUEST	FOR ALLOW	ABLE		
OPERATOR		AND	•		
PROBATION OFFICE	AUTHORIZATION TO TRA	INSPORT OIL	AND NATURAL GAS		
· Operator					
			-		
TEXACO Producing Inc					
Address P. O. Box 728, Hobbs, N	New Mexico 88240				
Reason(s) for filing (Check proper box)	· · · · · · · · · · · · · · · · · · ·		Other (Please explain)		
New Well	Change in Transporter of:		Change of Operator		
				- 10/01/04	
		Dry Gas	TEXACO Producing	Inc. 12/31/84	
Recompletion		Dry Gas	TEXACO Producing	Inc. 12/31/84	
Recompletion Change in Ownership	Oil Casinghead Gas	Dry Gas Condensate	TEXACO Producing	Inc. 12/31/84	<u></u>
Recompletion Recompletion Change in Ownership f change of ownership give name address of previous owner I. DESCRIPTION OF WELL ANI Lease Name Myers Langlie	Casinghead Gas	Condensate	Kind of Lease	Fee	Lease No.
Recompletion Recompletion Change in Ownership f change of ownership give name address of previous owner <u>I. DESCRIPTION OF WELL ANI</u> Lease Name Myers Langlie Mattix Unit	Casinghead Gas	Condensate		Fee	Lease No.
Recompletion Recompletion Change in Ownership f change of ownership give name address of previous owner I. DESCRIPTION OF WELL ANI Lease Name Myers Langlie Mattix Unit Location	D LEASE Well No. Pool Name, Includia 234 Langlie Ma	Condensate	Kind of Lease Sigte, Federal or	Fee F••	Lease No.
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Recompletion Recompletion Change in Ownership if change of ownership give name and address of previous owner II. DESCRIPTION OF WELL ANI Lease Name Myers Langlie Mattix Unit Location Unit Letter L : 198 Line of Section 8 Tow	Casinghead Gas D LEASE Well No. Pool Name, Includin 234 Langlie Ma O Feet From The South mship 24S Range	Condensate	Kind of Lease Sigte, Federal or 760 Feet From The	Fee F••	
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Recompletion     Recompletion     Schange in Ownership     fchange of ownership give name and address of previous owner     I. DESCRIPTION OF WELL ANI Lease Name Myers Langlie     Mattix Unit Location     Unit Letter L : 198     Line of Section 8 Tow      II. DESIGNATION OF TRANSF Name of Authorized Transporter of OI	Casinghead Gas D LEASE Well No. Pool Name, Including 234 Langlie Ma Concent From The South Maship 24S Range PORTER OF OIL AND NATU Or Condensate	Condensate Conden	Kind of Lease Riv, Quecharal or 760 Feet From The , NMPM, Lea (Give address to which approved	Fee F•• West copy of this form is to t	County be sent)
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Recompletion  Recompletion  Recompletion  Change of ownership give name  change of ownership give name  f change of ownership give name  Mattix Unit  Location  Unit Latter L : 198  Line of Section 8 Tow  Hi. DESIGNATION OF TRANSE  Name of Authorized Transporter of Oil  Texas New Mexico	Casinghead Gas D LEASE Well No. Pool Name, Including 234 Langlie Ma Concert From The South Manage PORTER OF OIL AND NATU Standard Concerts Pipeline Co. (0055)	Condensate Conden	Kind of Lease Riv, Querrille, Federal or 760 Feel From The , NMPM, Liea (Give address to which approved P.O. BOX 2528, H (Give address to which approved	Fee Fee West copy of this form is to Hobbs, N.M. copy of this form is to	County be sent) 88240
Recompletion         Recompletion         Change in Ownership         I change of ownership give name         Ind address of previous owner         II. DESCRIPTION OF WELL ANI         Lease Name Myers Langlie         Mattix Unit         Location         Unit Letter       L         198         Line of Section       8         Town         Marme of Authorized Transporter of Oil         Texas New Mexico         Name of Authorized Transporter of Case	Casinghead Gas D LEASE Well No. Pool Name, Includin 234 Langlie Ma O Feet From The South mahip 24S Range PORTER OF OIL AND NATU Pipeline Co. (0055 singnead Gas g or Dry Gas	Condensate Conden	Kind of Lease Riv, Querrille, Federal or 760 Feel From The , NMPM, Liea (Give address to which approved P.O. BOX 2528, H (Give address to which approved	Fee Fee West copy of this form is to Hobbs, N.M. copy of this form is to	County be sent) 88240
Recompletion     Recompletion     Solution     Change in Ownership     Solution     Solutio	Casinghead Gas D LEASE Well No. Pool Name, Includin 234 Langlie Ma Concernence From The South Peet From The South Porter OF OIL AND NATU Or Condensate Pipeline Co. (0055 aingnead Gas Or Dry Gas Gas Co.	Condensate Conden	Kind of Lease Riv, Querrille, Federal or 760 Feel From The , NMPM, Liea (Give address to which approved P.O. BOX 2528, H (Give address to which approved	Fee Fee West copy of this form is to Hobbs, N.M. copy of this form is to	County be sent) 88240 be sent)
Recompletion         Recompletion         Change in Ownership         If change of ownership give name and address of previous owner         II. DESCRIPTION OF WELL ANI Lease Name Myers Langlie Mattix Unit         Location         Unit Letter       L         Line of Section       8         Tow         Marke of Authorized Transporter of Oil Texas New Mexico         Name of Authorized Transporter of Case	Casinghead Gas D LEASE Well No. Pool Name, Including 234 Langlie Ma Concent From The South Manage PORTER OF OIL AND NATU Concentenate Concent Pibeline Co. (0055 Stanghead Gas Concent Concentenate Concentenate Concentenate Concentenate	Condensate Conden	Kind of Lease Biv, Querniate, Federal or 760 Feet From The , NMPM, Liea (Give address to which approved P.O. Box 2528, H (Give address to which approved P.O. Box 1492, H ctually connected?	Fee Fee West copy of this form is to Hobbs, N.M. copy of this form is to	County be sent) 88240 be sent)

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

## VI. CERTIFICATE OF COMPLIANCE

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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. D.

(Signature) <u>District Operations Manager</u> (Tule) <u>March 27, 1985</u> (Date)

OIL CONSERVATION DIVISION	
APPROVED_June 1, 19	85
By Juni Section	
DISTRICT I SUPERVISOR	

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

If this is a request for allowable for a newly drilled or deepene: 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 allow able on new and recompleted wells.

Fill out only Sections 1, 11, 111, 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.

