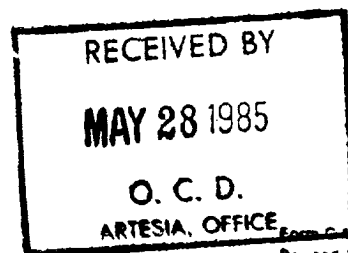


STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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PRODUCTION OFFICE	

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



Revised 10-01-78
Formal 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
TEXACO Producing Inc.

Address
P.O. Box 728, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	<input type="checkbox"/> Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

Other (Please explain)
Change of Operator from Getty to
TEXACO Producing Inc. 12/31/84

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

<u>Lease Name</u> Skelly Unit	<u>Well No.</u> 104	<u>Loc. Name, including Formation</u> Grayburg Jackson-7-Rivers Queen Grayburg San Andres	<u>Kind of Lease</u> State, Federal or Fee	<u>Lease</u> FED LC-029418 (C)
<u>Location</u>				
Unit Letter <u>E</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>West</u>				
Line of Section <u>14</u> Township <u>17S</u> Range <u>31E</u> , N.M.P.M. <u>Eddy</u> Co. <u></u>				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

<u>Name of Authorized Transporter of Oil</u> <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas N.M.Pipeline Co. (0096-0812)	<u>Address (Give address to which approved copy of this form is to be sent)</u> P.O. Box 2528, Hobbs, N.M. 88240
<u>Name of Authorized Transporter of Casinghead Gas</u> <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Conoco, Inc.	<u>Address (Give address to which approved copy of this form is to be sent)</u> P.O. Drawer 1267, Ponca City, OK 74603
<u>If well produces oil or liquids, give location of tanks.</u>	<u>Is gas actually connected?</u> <u>Yes</u> <u>6/1/60</u>

If this production is commingled with that from any other lease or pool, give commingling order number: PC-450 Post ID-3
6-7-85
chg op

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. L. L.
(Signature)
District Operations Manager
(Title)
April 19, 1985
(Date)

OIL CONSERVATION DIVISION
APPROVED MAY 29 1985, 19____
BY ORIGINAL SIGNED
BY LARRY BROOKS
GEOLOGIST - NMOC
TITLE _____

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the device tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all wells on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multi-completed wells.