

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2068
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 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)

☐ New Well	Change in Transporter of:	Other (Please explain) <u>Change of Operator from Getty to TEXACO Producing Inc. 12/31/84</u>
☐ Recompletion	☐ Oil	
☒ Change in Ownership	☐ Casinghead Gas	

☐ Dry Gas
☐ Condensate

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Skelly Unit</u>	Well No. <u>60</u>	Pool Name, including Formation <u>Grayburg Jackson-7-Rivers</u> <u>Queen Grayburg San Andres</u>	Kind of Lease <u>State, Federal or Fee</u>	Lease <u>FED LC-0294 200</u>
Location				
Unit Letter <u>B</u>	<u>660</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>East</u>			
Line of Section <u>21</u>	Township <u>17S</u>	Range <u>31E</u>	N.M.P.M. <u>Eddy</u>	Co. _____

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ <u>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 ☒ or Dry Gas ☐ <u>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.	Unit <u>A</u> Sec. <u>22</u> Twp. <u>17S</u> Rge. <u>31E</u>
Is gas actually connected? <u>Yes</u>	When <u>6/1/60</u>

If this production is commingled with that from any other lease or pool, give commingling order number: PC-450

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 - NMOCD

TITLE _____

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

If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviator 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 owner, well name or number, or transporter, or other such change of conditions.

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

Post ID-3
6-2-85
Chg op