STATE OF NEW MEXICO

ENERGY AND MINERALS DEPARTMENT

88. 87 19 MES SELEMED)	
DISTRIBUTION			
SANTA PE		10	7
FILE		V	V
U.S.U.A.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAL		
OPERATOR .		V	
PROBATION OF	KE		

MAY 28'85

O. C. D ARTESIA, OFFICE Form C-104 Revised 10-01-78 Format 06-01-83 Page 1

OIL CONSERVATION DIVISION P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE

	AUTHORIZATION TO TRANSP	OR FOIL AND NATUR	(AL GAS		
Operator TEXACO Producing Inc.	WIW				
P.O. Box 728, Hobbs, New	w Mexico 88240				
Resson(s) for liling (Check proper box)		Other (Please			
New Well	Change in Transporter of:		of Operator from (
Recompletion	O11 Dr	Y Gaz TEXACO E	Producing Inc.	12/31/84	
X Change in Ownership	Casinghead Gas Co	ndensote		· · · · · · · · · · · · · · · · · · ·	
f change of ownership give name and address of previous owner					
I. DESCRIPTION OF WELL AND L	EASE		Kind of Lease	Lecae No.	
Lease Name	we'' No. Grayburg Jacks	on-7-Rivers		l -	
Skelly Unit	58 Queen Grayburg	San Andres	State, Federal or Fee FFD	IC-029419 (A)	
Location			-		
Unit Letter P : 510	Feet From The South Lin	• and 660	Feet From The Eas	5t	
		\1	531	•	
Line of Section 22 Towns	hip 17S Range 3	BLE , NMPM	, Eddy	County	
If well produces oil or liquids, give location of tanks. If this production is commingled with t	or Condensate	Address (Give address to la gas actually connected	<u> </u>	Post ID-3 6-7-85 Che Op	
NOTE: Complete Parts IV and V o	n reverse side if necessary.	et			
VI. CERTIFICATE OF COMPLIANC	~F	OIL C	ONSERVATION DIVIS	SION	
			MAY 29 1985		
I hereby certify that the rules and regulations	of the Oil Conservation Division have	APPROVED		, 17	
been complied with and that the information g my knowledge and benef.	given is true and complete to the best of	BY	ORIGINAL SIGNED BY LARRY BROOKS		
my knowicege and benefit			GEOLOGIST - NMOCD		
		TITLE			
		This form is to	be filed in compliance	with RULE 1104.	
W.B. L.		If this is a requ	usat for allowable for a n	ewiy drilled or deepened	
(Signature	e)	well, this form must	t be accompanied by a ta well in accordance with	bulation of the deviation	
District Operations Man	nager		this form must be filled		
Tule)		able on new and re-	completed wells.		
April 19, 1985		Fill out only s well name or number	Sections I. II. III, and V r, or transporter, or other a	I for changes of ewner uch change of condition	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			C-104 must be filed for		