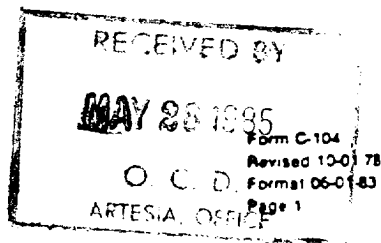


STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION
P. O. BOX 2028
SANTA FE, NEW MEXICO 87501



CO. IN WHICH RECEIVED	
DISTRIBUTION	
SANTA FE	✓
FILE	✓
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL ✓ GAS ✓
OPERATOR	✓
PRODUCTION OFFICE	

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:
☐ Recompletion ☐ Oil ☐ Dry Gas
☒ Change in Ownership ☐ Casinghead Gas ☐ Condensate
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

Lease Name <u>Skelly Unit</u>	Well No. <u>72</u>	Pool Name, including Formation <u>Grayburg Jackson-7-Rivers Queen Grayburg San Andres</u>	Kind of Lease State, Federal or Fee <u>FED LC-029418b</u>
Location Unit Letter <u>K</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u> Line of Section <u>23</u> Township <u>17S</u> Range <u>31E</u> , NMPM. <u>Eddy</u> County _____			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <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 <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <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>12/12/61</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. Post ID-3
6-7-85
Chg op

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

MAY 29 1985

APPROVED _____, 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 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 condition.

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