STATE OF NEW MEXICO ENERGY MO MINERALS DEPARTMENT

		
110. 07 107410 000	17740	
9161 F 10 UT 1015		
SANTA PE		
FKE		
W.S.49.4.		
LAND OFFICE		
TRAMPORTER	Ď	
	E AS	
OPERATOR		
PRORATION OFFICE		

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

Form C-104 sed 10-01-78

Separate Forms C-104 must be filed for each pool in multiply remeleted wells.

OPERATOR .	1		K ALLUWABLE	•		
PRORATION OFFICE	ALITHOE	A SIZATION TO TRANSI	ND PORT OIL AND NA	TURAL GAS		
I		TEXTION TO TRACE	ON OIL AND IN		•	
Operates					······································	
Texaco Producing Inc.			· 			
Address		00040		·		
P.O. Box 728, Hobbs, Ne	w mexico	88240				
Roosen(s) for filing (Check proper box)	— ———	- -	Other (Pla	Other (Please explain)		
New Well	Out	a Trensporter el:	Change of Operator from Texaco Inc. to			
Change to Ownership			Texaco Producing Inc. Effective 01/01/8			
Cyande in Country				···		
If change of ownership give name	•					
and address of previous owner						
II. DESCRIPTION OF WELL AND	TEASE					
Lesso Name	Well No.	No. Pool Name, including Formation		Kind of Lease	Lease No.	
Skaggs Grayburg Unit	15 Skaggs Grayburg		অ	State, Federal or Fee Fee	.	
Location		<u></u>				
D 990	54-5	The North Lin	990	Feet From The WEST		
Unit Letter D : 990		CII		Peter From 1 man		
Line of Section 18 Town	20S	Range	38E , M	ıры, <u>Le</u> a	County	
Che a section —						
III. DESIGNATION OF TRANSPO	ORTER OF	OIT AND NATURAL	L GAS			
Name of Authorized Transporter of Cil	X or C	Condensate	Astross (Give addre	se to which approved copy of this for	m is to be sent/	
Shell Pipe Line Company			P. O. Box 1	910. Midland. TX 79702		
Name of Authorized Transporter of Cash	nghead Gas &	er Dry Gas	Address (Give addre	es to which approved copy of this for	m is to be sent)	
Warren Pet. Company			P. O. Box 1	589, Tulsa, OK 74102		
If well produces oil or liquide,	Unit Sec	Twp. Rge.	is gas actually cons			
give location of tanks.	D ! 1	8 20S 38E	Yes	Unknown		
I this production is commingled with			give commingling o	rder number:		
-						
NOTE: Complete Parts IV and V	on reverse	side if necessary.				
		· · · · · · · · · · · · · · · · · · ·	011	CONSERVATION DIVISION	.1	
VI. CERTIFICATE OF COMPLIANCE			. .			
hereby certify that the rules and regulation	ns of the Oil C	Conservation Division have	APPROVED_	130/	19	
been complied with and that the information	given is true a	and complete to the best of		1100		
my knowledge and belief.			87	ant & rank		
			C	eologist		
, , ,			TITLEG	POTOGISE		
11/1 /			This form i	to be filed in compliance with	AULE 1104.	
بالنقادة البروان بصافيها بالمراجع المراجع المراجع	uning	2		request for allowable for a newly		
District Ad		tive Supervisor		nust be accompanied by a tabulat he well in accordance with RUL:		
		cive Supervisor		of this form must be filled out c		
(Tule	•			recompleted wells.	• • • • • • • • • • • • • • • • • • • •	
February 0				y Sections I. II. III, and VI for		
(Date)			I mell name or ting	aber, or transporter, or ether such t	usula di constitor	