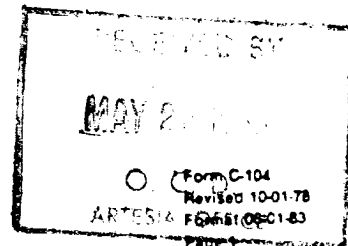


STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501



REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator TEXACO Producing Inc. *Wiw*

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

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	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

Lease Name <u>Skelly Unit</u>	Well No. <u>102</u>	Pool Name, including Formation <u>Grayburg Jackson-7-Rivers</u> <u>Queen Grayburg San Andres</u>	Kind of Lease State, Federal or Fee <u>FED LC-029418</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>14</u> Township <u>17S</u> Range <u>31E</u> , NMPM, <u>Eddy</u> Co.			

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> <i>Injection</i>	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 Sec. Twp. Rge. <u>A</u> <u>22</u> <u>17S</u> <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 *part 10, 6-285 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...*  
(Signature)

District Operations Manager

(Title)

April 19, 1985

(Date)

OIL CONSERVATION DIVISION

MAY 29 1985

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY ORIGINAL SIGNED  
BY LARRY BROOKS

TITLE GEOLOGIST - NMOCD

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 deviate tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for a well on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of oil 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.