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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico rgy, Minerals and Natural Resources Departm

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

RECEIVED

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Texaco Exploration and Production Inc.    30 015 05147		AND NATURAL GA	L GAS O. C. D.					
P. O. Box 730 Hobbs, New Mexico 88240–2528    Reseach for Filling (Check proper box)   Change in Transporter of:   Separation   EFFECTIVE 6-1-91	•							
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Lease Names   SKELLY UNIT   102   GRAYBURG JACKSON 7RVS—CN—GB—SA   Skied of Lease Name   SKELLY UNIT   102   GRAYBURG JACKSON 7RVS—CN—GB—SA   Skied of Lease Name   Skied of L	and address of previous operator TEXACT		. P. O. Box	730 Hobbs, Nev	w Mexico	88240-25	28	<del></del>
SKELLY UNIT  102 GRAYBURG JACKSON 7RVS—ON—GB—SA STARE_POST OF TWO 685460  Location  Unit Letter B : 660 Feet From The NORTH Line and 1980 Feet From The EAST  Soction 14 Township 17S Range 31E , NMPM, EDDY Count  III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil Or Condensate Address (Give address to which approved copy of this form is to be sent)  NAME OF Authorized Transporter of Casinghead Gas NJECTOR  Name of Authorized Transporter of Casinghead Gas NJECTOR  If well produces oil or liquids, pive location of tanks.  If while production is commingled with that from any other lease or pool, give commingling order number:  IV. COMPLETION DATA  Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Reav Diff Re  Designate Type of Completion - (X) Name of Producing Formation Top Oil/Gas Pay Tubing Depth  Perforations  Depth Casing Shoe  TUBING, CASING AND CEMENTING RECORD  HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT  V. TEST DATA AND REQUEST FOR ALLOWABLE  OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)  Date First New Oil Run To Tank Date of Test  Length of Test  Tubing Pressure  Casing Pressure			Dool Name Include	e Formation	Lease lease No.			
Unit Letter B 660 Feet From The NORTH Lies and 1980 Feet From The EAST  Section 14 Township 17S Range 31E NMFM, EDDY Count  III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)  Name of Authorized Transporter of Casinghead Gas NAJECTOR  If wall produces oil or liquids, WHECTOR  If wall produces oil or liquids, When 7 Rge. Is gas actually connected?  When 7  When 7  Designate Type of Completion - (X)  Oil Well Gas Well New Well Workover Deepea Plug Back Same Reav Diff Re  Designate Type of Completion - (X)  Name of Producing Formation  Total Depth  P.B.T.D.  Elevations (DF, RKB, RT, GR, etc.)  Name of Producing Formation  TOP Oil/Gas Pay  Tubing Depth  Ferforstions  Depth Casing Shoe  TUBING, CASING AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  V. TEST DATA AND REQUEST FOR ALLOWABLE  OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for thir depth or be for full 24 hours.)  Date First New Oil Run To Tank  Date of Test  Tubing Pressure  Casing Pressure	SKELLY UNIT			State, F	State, Federal or Fee COLAGO			
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Accord Book During Test Cil Dile Waler - Bolk Company	Length of Test	Tubing Pressure					6-3	7-9/
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GAS WELL	GAS WELL							
Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate		Length of Test		Bbls. Condensate/MMCF		, and the second		
Testing Method (pitot, back pr.)  Tubing Pressure (Shut-in)  Casing Pressure (Shut-in)  Choke Size	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)		Choke Size		
VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION				OIL CONSERVATION DIVISION				
I hereby certify that the rules and regulations of the Oil Conservation  Division have been complied with and that the information given above	I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			IIIM 4 mas				
2/200 202:11	-/						<del>.</del>	
Signature MIKE WILLIAMS	Signature			MIKE WILLIAMS				
SUPERVISOR, DISTRICT IV	K. M. Miller Div. Opers. Engr.							
May 7, 1991 915-688-4834  Date Telephone No.	May 7, 1991		688-4834	11110				

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.