## STATE OF NEW MEXICO ENERGY MO MINERALS DEPARTMENT

MAY 28 '85

DISTRIBUTE	0=		
BANTA FE		J,	
FILE		V	
U.1.a.A.			
LAND OFFICE			
TRAHEPORTER	OIL	V	
	GAS	7	
SPERATOR		1.7	

O. C. D.

Form C-104 Revised 10-01-78 Format 06-01-83 Page 1

OIL CONSERVATION DIVISION ARTESIA, OFFICE P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE AND

AUTHORIZATION TO TRANS	PORT OIL AND NATURAL GAS		
Cpersion TEXACO Producing Inc.			
Address			
P.O. Box 728, Hobbs, New Mexico 88240			
Necompietion 5	Change of Operator from Getty to TEXACO Producing Inc. 12/31/84		
X Change in Ownership Cosinghead Gas C	phdensure		
if Change of ownership give name and address of previous owner			
II. DESCRIPTION OF WELL AND LEASE  Lease Name  Challer Unit  6 From 7-Pivers	I since Federal St. Fed TC-029529B		
Skelly unit	5		
Unit Letter : 330 Feet From The North	n+ and Feet From The West		
Line of Section 21 Township 17S Ronge	31E NMPM, Eddy County		
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL Name of Authorized Transporter of City or Condensate Transporter of Councing of Condensate Transporter of Council Condensate Transporter of Condens	P.O. Box 2528, Hobbs, N.M. 88240  Address (Give address to watch approved copy of this form is to be sent)  P.O. Drawer 1267, Ponca City, OK 74603  Is gas actually connected? when 6/1/60 first 10-3		
If this production is commingled with that from any other lease or pool,	give commingling order number: PC-450 6-2-85		
NOTE: Complete Parts IV and V on reverse side if necessary.	יי כאים		
VI. CERTIFICATE OF COMPLIANCE	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 is true and complete to the best of my knowledge and belief.	ORIGINAL SIGNED		
m, montage and and	TITLE GEOLOGIST - NMOGD		
W. B. hh	This form is to be filed in compliance with RULE 1104.  If this is a request for allowable for a newly drilled or despend		
(Signature)	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.		
District Operations Manager (Tule)	All sections of this form must be filled out completely for allow able on new and recompleted wells.		
April 19, 1985 (Date)	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 multiplicompleted wells.		