STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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OPERATOR		17	\neg
PROBATION OFF	KE		

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

RECEIVED BY MAY 28 1985 Q. C. D. Form C-104 ARTESIA, OFFICE MAN 1000

REQUEST FOR ALLOWABLE AND

PROBATION OFFICE	AND
I. AUTHORIZATION TO TR	RANSPORT OIL AND NATURAL GAS
TEXACO Producing Inc.	
Address	
P.O. Box 728, Hobbs, New Mexico 88240	
Reason(s) for filing (Check proper box)	
Change in Transposer	Other (Please expiain)
Veccembiellan Oil	Change of Operator from Getty to
X Change in Ownership Casinghead Gas	Dry Gas TEXACO Producing Inc. 12/31/64
If change of ownership give name	
and address of previous owner	
II. DESCRIPTION OF WELL AND LEASE	
I Well No . Con	9 Formation
Skelly Unit 76 Fren 7-Rive	Kind of Lease
0 500	FED 1C-0294 20B
Unit Letter 0 : 720 Feet From The South	Line and 1980
1100 01500 27	Line and 1980 Feet From The East
Formering 175 Range	31E , NMPM, Eddy
III. DESIGNATION OF TRANSPORTER OF OUR AND MATTER	County
III. DESIGNATION OF TRANSPORTER OF OU AND NATUR. Name of Authorized Transporter of Cit. See or Concensate Transporter of Cit.	AL GAS
Temas N.M. Pipeline Co. (0096-0812) Name of Authorized Transporter of Casingness Cas (Co. Dry Gas (C))	opy of inti form is to be sent!
Compage Trusporter of Casingneda Gas Ty or Dry Gas	P.O. Box 2528, Hobbs, N.M. 88240 Address (Give address to which approved copy of this form is to be sent)
Conoco Inc.	P. O. Drawn 1267
If well produces oil or liquids, Unit Sec. Twp. Rgs. H 22 17-S 31-	P.O. Drawer 1267, Ponca City, OK 74603
this production is commingled with that from any other lease or pool	give commingling order number: PC-450
OTE: Complete Parts IV and V on reverse side if necessary.	Eng op
. CERTIFICATE OF COMPLIANCE	
-	OIL CONSERVATION DIVISION
ereby certify that the rules and regulations of the Oil Conservation Division have neomplied with and that the information given is true and complete to the best of knowledge and belief.	APPROVED MAY 29 1985
knowledge and belief.	ORIGINAL SIGNED
	BY LARRY BROOKS
	TITLE GEOLOGIST - NMOCD
W. B. hl	This form is to be filed in compliance with RULE 1104.
(Signature)	
District Operations Manager	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
pril 19, 1985 (Tule)	All sections of this for much be did
(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 conditions.
i l	Separate Forms C-104 must be det change of condition
· ·	completed wells.