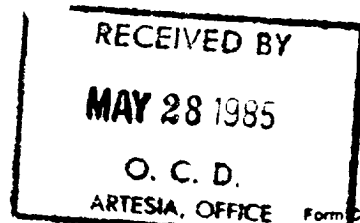


STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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| LAND OFFICE           |     |   |
| TRANSPORTER           | OIL |   |
|                       | GAS |   |
| OPERATOR              |     | ✓ |
| PRODUCTION OFFICE     |     |   |

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



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

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator TEXACO Producing Inc. *W I W*

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"/> Oil        | <input type="checkbox"/> Dry Gas |
| <input type="checkbox"/> Recompletion                   | <input type="checkbox"/> Casinghead Gas | <input type="checkbox"/> Condensate |                                  |
| <input checked="" type="checkbox"/> Change in Ownership |   |                                     |                                  |

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<br><u>Skelly Unit</u>  | Well No.<br><u>69</u> | Pool Name, including Formation<br><u>Grayburg Jackson-7-Rivers</u><br><u>Queen Grayburg San Andres</u> | Kind of Lease<br>State, Federal or Fee <u>FED LC-0294(b)</u> | Lease No. |
| Location<br>Unit Letter <u>L</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>969 766</u> Feet From The <u>West</u> |                       |  |  |           |
| Line of Section <u>21</u> Township <u>17S</u> Range <u>31E</u> , NMPM, <u>Eddy</u> County                                   |                       |  |  |           |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|   |  |
|---|--|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>         | Address (Give address to which approved copy of this form is to be sent) |
| <u>Injection</u>  |  |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
|   |  |
| If well produces oil or liquids, give location of tanks.  | Unit Sec. Twp. Rge. Is gas actually connected? When                      |
|   |  |

If this production is commingled with that from any other lease or pool, give commingling order number: PC-450

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. L.*

(Signature)

District Operations Manager

(Title)

April 19, 1985

(Date)

OIL CONSERVATION DIVISION

APPROVED MAY 29 1985, 19\_\_\_\_

BY ORIGINAL SIGNED  
BY LARRY BROOKS  
TITLE GEOLOGIST - NMOC

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

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

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 multiple completed wells.

*Post ID-3*  
*6-7-85*  
*Chg Ap*