

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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

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Revised 10-01-76  
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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"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate

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>77</u>	Pool Name, including Formation <u>Fren 7-Rivers</u>	Kind of Lease State, Federal or Fee <u>FED</u>	Lease No. <u>LC-0294.20(b)</u>
Location				
Unit Letter <u>P</u>	<u>330</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>East</u>			
Line of Section <u>21</u>	Township <u>17S</u>	Range <u>31E</u>	N.M.P.M.	County <u>Eddy</u>

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Texas N.M. Pipeline Co. (0096-0812)</u>	<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"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Conoco Inc.</u>	<u>P.O. Drawer 1267, Ponca City, OK 74603</u>
If well produces oil or liquids, give location of tanks.	Unit <u>H</u> Sec. <u>22</u> Twp. <u>17-S</u> Rge. <u>31-E</u>
	Is gas actually connected? <u>Yes</u> 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.

*Part II-3  
6-7-85  
Chs Op*