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STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENTO. C. D.  
ARTESIA, OFFICEForm C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	✓✓
FILE	✓✓
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	✓
PROMOTION OFFICE	

I. Operator W W  
TEXACO Producing Inc.

Address  
P.O. Box 728, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

☐ New Well ☐ Change in Transporter of:  
☐ Recompletion ☐ Oil ☐ Dry Gas  
☒ Change in Ownership ☐ Casinghead Gas ☐ 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 Skelly Unit	Well No. 52	Pool Name, including Formation Fren 7-Rivers	Kind of Lease State, Federal or Fee FED LC-029419 A	Lease No.
Location Unit Letter <u>J</u> ; <u>1980</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>East</u> Line of Section <u>22</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"/> Injection	Address (Give address to which approved copy of this form is to be sent)	
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

Post FD-3  
6-7-85  
Chg Op

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. Loh  
(Signature)

District Operations Manager

April 19, 1985

(Title)

(Date)

## OIL CONSERVATION DIVISION

MAY 29 1985

APPROVED \_\_\_\_\_, 19 \_\_\_\_\_

BY \_\_\_\_\_  
ORIGINAL SIGNED  
BY LARRY BROOKSTITLE \_\_\_\_\_  
GEOLOGIST - NMOCD

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 deviated tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells 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 conditions.

Separate Forms C-104 must be filed for each pool in multiple completed wells.