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STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

O. C. D.
ARTESIA OFFICE

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

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES ORDERED	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	<input type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	

Operator
TEXACO Producing Inc.

W W W

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

Reason(s) for filing (Check proper box)

- New Well
- Recompletion
- Change in Ownership

Change in Transporter of:

- Oil
- Casinthead Gas
- Dry 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

I. DESCRIPTION OF WELL AND LEASE

Lease Name Skelly Unit	Well No. 22	Pool Name, including Formation Grayburg Jackson-7-Rivers Queen Grayburg San Andres	Kind of Lease State, Federal or Fee FED LC-029418 (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>14</u> Township <u>17S</u> Range <u>21E</u> N.M.P.M. <u>Eddy</u> County				

II. 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)
Injection	
Name of Authorized Transporter of Casinthead 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.	Is gas actually connected? when
If this production is commingled with that from any other lease or pool, give commingling order number: <u>PC-450</u>	

Post ID-3
6-9-85
Chg op

NOTE: Complete Parts IV and V on reverse side if necessary.

III. 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
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 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 conditions.

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