2 2			RECEIVED	
STATE OF NEW MEXICO		ATION DIVISIC	MAY 2.5 '85 VALCE D. ARTESIA OTRUM N	Form C-104 Revised 10-01-78 Format 05-01-83 Page 1
PILE V U.B.G.A. V LAND OFFICE 01L TRANSPORTER 01L OPENATOR V PROMATION OFFICE V	SANTA FE, NET REQUEST FO	W MEXICO 87501	RAL GAS	•
CPerion TEXACO Producing Inc.	WI	W		
Address P.O. BOX 728, Hobbs, Ne Resson(s) for filing (Check proper box) New Well Recompletion X Change in Ownership	Change in Transporter of:		of Operator fr Producing Inc.	
I change of ownership give name nd address of previous owner I. DESCRIPTION OF WELL AND Leose Name Skelly Unit Location	LEASE 44 Queen Gravburg	g San Andres	Kind of Lease State, Federal or Fee	
Unit Letter F 1980 Unit Letter 22 Town	175	1980	Feet From The Eddy	Court
III. DESIGNATION OF TRANSPO Name of Authorized Transporter of Cit Injection Name of Authorized Transporter of Casir If well produces of or liquids.	or Concensate	Andress (Dive daaress	to which approved copy	of this form is to be sent) of this form is to be sent) Past ID-3 \$-2-85
give location of tanks.	on reverse side if necessary.		r number:	PC-450
hereby certify that the rules and regulation seen complied with and that the information my knowledge and belief.	i given is this and complete to the best of	BY	MAY 29 1985 ORIGINAL SIGNED SY LARRY BROOKS GEOLOGIST - NMOCD	
WBL	h	11	be filed in compliant	The with RULE 1104.

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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 all 2000 able on new and recompleted wells.

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Fill out only Sections 1. II. III, and VI for changes of ow-e-well name or number, or transporter, or other such change of condition-

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

(Dase)

District Operations Manager

April 19, 1985

(Signature)

(Tule)

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