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			RECEIVE	D			
			MAY 28 '	35			
STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT). HR CE	Form C-104 Nevised 10-01-78		
DISTRIBUTION	OIL CONSERVATION DIVISION					Format 06-01-83 Page 1	
FILE VVV	SA	•					
TRANSPORTER OIL CAS CONTRACTOR	REQUEST FOR ALLOWABLE						
I.	AUTHORIZA	TION TO TRAI	SPORT OI	L AND NAT	URAL GAS		
TEXACO Producing Inc. V	/	<u> </u>					
Address P.O. Box 728, Hobbs, Net	w Mexico 80	5240					
Reason(s) for filing (Check proper box) New Well Recompission	Change in Transporter of: Other (Please explain) Change of Operator from Getty to TEXACO Producing Inc. 12/31/84						
X Change in Ownership	Casinghea	nd Gas	Condensate	<u> </u>			
If change of ownership give name and address of previous owner							
II. DESCRIPTION OF WELL AND L	EASE						
Loose Name Skelly Unit	Well No. Poo	ayburg Jac	KSON-7-R	tivers	Kind of Lease State, Federal or Fe	• FED LC-029420 (a	
Location E 198		North			Feel From The	West	
Line of Section 15 Townsh	17S	Range	31E	, NMP	en, Eddy	Count	
III. DESIGNATION OF TRANSPOI	TER OF OIL	AND NATUR	AL GAS				
Name of Authorized Transporter of Cil X Texas N.M.Pipeline Co. (0	or Conder		Asdress		2528, Hobbs,	py of this form is to be sent, N.M. 88240	
Name of Authorized Transporter of Casing		or Dry Gas	Address	(Cive addres	s to which approved co;	py of this form is to be sent, Ca City, OK 74603	
If well produces oil or liquids,	LLI Sec.	Twp. Rge.	ls gas a	ctually conne		9/2/71	
give location of tanks.	A 22	<u>175 31E</u>		es mingling ord	ier number: PC-4		
NOTE: Complete Parts IV and V o						6 - 7 - 85	
VI. CERTIFICATE OF COMPLIANC				OIL	CONSERVATION	DIVISION	
I hereby certify that the rules and regulations of the Oil Conservation Division have			VC APPR	OVED	MAY 29 1985	, 19	
been complied with and that the information g my knowledge and belief.	iven is true and cor	nplete to the best	BY		ORIGINAL SIGNED BY LARRY BROOKS GEOLOGIST - NMOCT		
1166.	1					iance with RULE 1104.	
(Signature)				If this is a request for allowable for a newly drilled or despend well, this form must be accompanied by a tabulation of the deviation			
District Operations Manager				tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow able on new and recompleted wells.			
· · ·			F	ill out only	Sections I, II. III.	and VI for changes of owr other such change of conditi	
(Date)			Se			lied for each pool in multi	