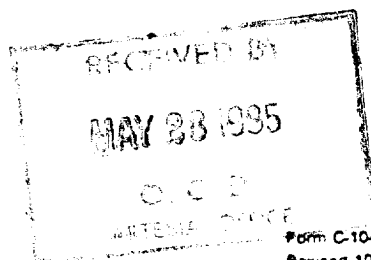


STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

DO NOT WRITE IN THESE SPACES	
DISTRIBUTION	
DATE	
FILE	
S.O.S.	
AND OFFICE	
TRANSPORTER	
OPERATOR	
REGISTRATION OFFICE	

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



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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator
TEXACO Producing Inc.

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
☐ Casinghead Gas
☐ Dry Gas
☐ Condensate

Other (Please explain)

Change of Operator from Getty to
TEXACO Producing Inc. 12/31/84

Change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Well Name Skelly Unit	Well No. 127	Pool Name, including Formation Fren 7-Rivers	Kind of Lease State, Federal or Free	Lease No. LC-029420A
Location Unit Letter O	560	Feet From The South	Line and 1880	Feet From The East
Line of Section 15	Township 17S	Range 31E	N.M.P.M. Eddy	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas N.M. Pipeline Co. (0096-0812)	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2528, Hobbs, N.M. 88240
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Conoco Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Drawer 1267, Ponca City, OK 74603
If well produces oil or liquids, give location of tanks.	Unit H
Sec. 22	Twp. 17-S
Rge. 31-E	Is gas actually connected? Yes
When 11/1/77	

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.

IV. 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 _____, 19__

BY _____

TITLE _____

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 allowables 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-completed wells.

Post ID-3
6-7-85
Chj op

