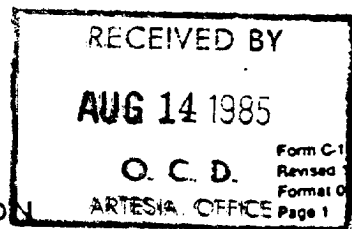


STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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



REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator <b>Texaco Producing Inc.</b>	
Address <b>P.O. Box 728, Hobbs, N.M. 88240</b>	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Condensate

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Skelly Unit</b>	Well No. <b>156</b>	Pool Name, including Formation <b>Grayburg-Jackson</b>	Kind of Lease State, Federal or Fee <b>FED LC-029419A</b>	Lease No. <b>19A</b>
Location Unit Letter <b>J</b> : <b>2560</b> Feet From The <b>South</b> Line and <b>2630</b> Feet From The <b>East</b> Line of Section <b>22</b> Township <b>17S</b> Range <b>31E</b> , NMPM, <b>Eddy</b> 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"/> <b>Texas N.M. Pipeline Co. (0096-0812)</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 2528, Hobbs, N.M. 88240</b>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Continental Oil Co.</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 2197, Houston, Texas 77001</b>
If well produces oil or liquids, give location of tanks. Unit <b>A</b> Sec. <b>22</b> Twp. <b>31E</b> Rge. <b>17S</b>	Is gas actually connected? <b>Yes</b> When <b>1/7/85</b>

If this production is commingled with that from any other lease or pool, give commingling order number:

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. L. L.**  
(Signature)  
Dist. Opr. Mgr.  
(Title)  
**8/8/85**  
(Date)

OIL CONSERVATION DIVISION

APPROVED **AUG 30 1985**, 19  
Original Signed By  
BY **Les A. Clements**  
TITLE **Supervisor District II**

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