					RECEIVED	BY
					MAY 28 19	985
STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT					O. C. C	Earm C-104 Reputed 10-01-7
		CONCER	VATION	DIVISIO	N ARTESIA, OF	Page 1
	OIL		. BOX 2088			
FILE VV	C 1		NEW MEXI	CO 87501		
U.S.G.S.						
	• .					
0.0		REQUEST	FOR ALLOW	ADLL	•	
PROBATION OFFICE	ALITHORIZA	TION TO TR	ANSPORT OF	L AND NATU	RAL GAS	
I	AUTHORIZA					
Operator				WIL)	
TEXACO Producing Inc.				~~~		
Address P. O. Box 728, Hobbs, N	lew Mexico 8	8240				
Reason(s) for filing (Check proper box)				Other (Please	explain)	Cotty to
Reason(s) for filing (Creek proper vor)	Change in Tr	ansporter of:		Change (of Operator from Producing Inc.	12/31/84
Recompletion	011		Dry Gas	TEXACO	Floutering mot	12/ 51/ 61
Change in Ownership	Casinghe	rod Gas	Condensate			
If change of ownership give name and address of previous owner						
II. DESCRIPTION OF WELL AND	D LEASE		(Transition		Kind of Lease	Lease No.
Lease Name	Fen 100. (C	ravnuru .	Jackson-7-	Rivers	State, Federal or Fee	TED LC-029420 (b)
Skelly Unit	93 0	rue <u>en</u> Gray	burg San	Andres	<u></u>	
Location	2.0	North		1980	Feel From The West	- -
Unit Letter F : 198	30 Feel From 7	h. North	Line and			
28 -		Rang	• 31E	, NMPN	. Eddy	County
Line of Section 28 Tow	mahip 1/5					
III. DESIGNATION OF TRANSI	PORTER OF OI	LAND NAT	URAL GAS		to which approved copy of	this form is to be sent)
Name of Authorized Transporter of Oil	or Cond	iensate	Andres	a (Give address	to which upplotte topy =/	
Injection				- ICine address	to which approved copy of	this form is to be sent;
Name of Authorized Transporter of Car	singhead Gas	or Dry Gas	Addres	PIOLOS BORISS		Post ID-3
			ge. ls gas	actually connec	ted? When	6-7-85
If well produces cil or liquide,	Unit Sec.	Twp. R			1	Che Op
	• • •				er number:	
li this production is commingled wi	th that from any	other lease or	pool, give co	munifing our		

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. h.h.

			(Signature)	
Distric	t O	peration	ns Manager	
 April			(Tule)	
 			(Date)	_

OIL CONSERVATION DIVISION
APPROVED MAY 2.8 1985 18
- Juni Loton
DISTRICT I SUFERVISOR
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 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.