

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

RECEIVED BY  
MAY 28 1985  
O. C. D.  
ARTESIA, OFFICE

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

DO NOT CHECK UNLESS	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.G.A.	<input checked="" type="checkbox"/>
LAND OFFICE	
TRANSPORTER	OIL <input checked="" type="checkbox"/> GAS <input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	

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

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. 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

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name: Skelly Unit  
 well No.: 82  
 Pool Name, including Formation: Grayburg Jackson-7-Rivers Queen Grayburg San Andres  
 Kind of Lease: State, Federal or Fee  
 Lease No.: FED LC-029418 (b)  
 Location:  
 Unit Letter: C  
 660 Feet From The North Line and 1980 Feet From The West  
 Line of Section: 26  
 Township: 17S  
 Range: 31E  
 NMPM: Eddy  
 Count:

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil:  or Condensate   
 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:  or Dry Gas   
 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: A  
 Sec: 22  
 Twp: 17S  
 Rge: 31E  
 Is gas actually connected? Yes  
 when: 6/1/60

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.

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)

District Operations Manager (Title)

April 19, 1985 (Date)

OIL CONSERVATION DIVISION

APPROVED MAY 29 1985

BY ORIGINAL SIGNED BY LARRY BROOKS GEOLOGIST - INMOOD

This form is to be filed in compliance with RULE 1104.  
 If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviat tests taken on the well in accordance with RULE 111.  
 All sections of this form must be filled out completely for all wells on new and recompleted wells.  
 Fill out only Sections I, II, III, and VI for changes of own 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  
Chg Op