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O. C. D. Form C-104

Revised 10-01-78

ARTESIA OFFICE

Formal 06-01-83

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STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	✓
FILE	✓
U.S.D.S.	
LAND OFFICE	
TRANSPORTER	
OIL	
GAS	✓
OPERATOR	✓
PROBATION OFFICE	

I. Operator **TEXACO Producing Inc.** ✓ **WIW**

Address
P.O. Box 728, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

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. 96	Pool Name, including Formation Fren 7-Rivers	Kind of Lease State, Federal or Fee FED LC-029419 (B)
Location Unit Letter F ; 1980 Feet From The North Line and 1980 Feet From The West Line of Section 27 Township 17S Range 31E , NMPM, Eddy County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> Injection	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? , when.

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

April 19, 1985

(Title)

(Date)

OIL CONSERVATION DIVISION

APPROVED **MAY 29 1985**, 19

ORIGINAL SIGNED
BY **LARRY BROOKS**
GEOLOGIST - NMOCD

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 conditions.

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

Post ID-3
6-2-85
Chg ap