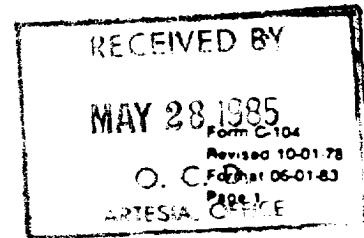


STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

DR. OR EDITION DESIGNED	
DISTRIBUTION	
SANTA FE	✓
FILE	✓
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
OPERATOR	GAS
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

Operator  
TEXACO Producing Inc. ✓ *WIW*  
Address  
P.O. Box 728, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)		Other (Please explain)	
<input type="checkbox"/> New Well	Change in Transporter of:	Change of Operator from Getty to	
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	TEXACO Producing Inc. 12/31/84	
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Dry Gas	
		<input type="checkbox"/> Condensate	
If change of ownership give name and address of previous owner			

I. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Skelly Unit	79	Grayburg Jackson-7-Rivers Queen Grayburg San Andres	State, Federal or Fee	FED LC-029418 (b)
Location				
Unit Letter	N	660 Feet From The	South	Line and 1980 Feet From The
Line of Section	23	Township	17S	Range 31E, NMCM, Eddy

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approved copy of this form is to be sent)
Injection		
Name of Authorized Transporter of Casinghead Gas	or Dry Gas	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  
(Title)  
April 19, 1985  
(Date)

OIL CONSERVATION DIVISION

MAY 29 1985

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY \_\_\_\_\_  
ORIGINAL SIGNED  
BY LARRY BROOKS  
GEOLOGIST - NMOC  
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 multiple completed wells.