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STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENTO. C. D.  
ARTESIA, OFFICEForm C-104  
Revised 10-01-78  
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Page 1

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

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LAND OFFICE	
TRANSPORTER	OIL ✓
	GAS ✓
OPERATOR	✓
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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. 112	Pool Name, including Formation Grayburg Jackson--Rivers Queen Grayburg San Andres	Kind of Lease State, Federal or Fee	Lease No. FED LC-029418 (b)
Location Unit Letter <u>A</u> : <u>660</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u> Line of Section <u>14</u> Township <u>17S</u> Range <u>31E</u> , NMPM, <u>Eddy</u> 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"/> 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 <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> 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 <u>A</u> Sec. <u>22</u> Twp. <u>17S</u> Rge. <u>31E</u> Is gas actually connected? <u>Yes</u> when <u>1/9/72</u>

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)

(Date)

## OIL CONSERVATION DIVISION

APPROVED MAY 29 1985, 19\_\_\_\_

BY 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 deviated 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 multiphase completed wells.

Part ID-3  
6-7-85  
Chg OP