ENERGY AND MINERALS DEPARTMENT					Form C-104 Revised 10-01-7 Format 06-01-83	
OIL CONSERVATION DIVISION P. O. 60 X 2088 PILE PILE					Page 1	
					+	
LAND OFFICE	JANIA					
	•			• *		
TRANSPORTER GAS	REQ	REQUEST FOR ALLOWABLE				
AND						
PROBATION OFFICE	AUTHORIZATION T	O TRANSPORT OIL	AND NATU	RAL GAS		
I						
Operator						
TEXACO Producing Ind					<u></u>	·
P. O. Box 728, Hobbs, N	lew Mexico 88240					
Reason(s) for filing (Check proper box)			Other (Pleas	explain)		
New Well	Change in Transporter	of:	Change	of Operator from	m Getty LC)
Becompletion		Dry Gos	TEXACO .	Producing Inc	. 12/31/84	
X Change in Ownership	Casingheod Gas	Condensate				
and address of previous owner	······					
II. DESCRIPTION OF WELL AND	ULEASE	Including Formation		Kind of Leose St	ate	
Lease Name	Well No. Pool Name,			Kind of Lease State, Federal of Fee	ate	L No B3480
Lease Name Skelly Penrose "B" Uni	Well No. Pool Name,	Including Formation Mattix 7-Riv.(jueen	Kind of Lease State, Federal or Fee	ate	
Skelly Penrose "B" Uni	t 10 Tanglia	<u>Mattix 7-Riv (</u>		State, Federal or Fee		
Leose Name Skelly Penrose "B" Uni Location	Well No. Pool Name,	<u>Mattix 7-Riv (</u>		Kind of Lease St State, Federal or Fee Feet From The Mast		
Leose Name Skelly Penrose "B" Uni Location Unit Letter L : 1980	t 10 Langlia	Mattix 7-Riv.()	Feet From The Mass		B3480
Leose Name Skelly Penrose "B" Uni Location Unit Letter_L_; 1980	t 10 Tanglia	<u>Mattix 7-Riv (</u>		Feel From The Mast		Lease No B3480 County
Lease Name Skelly Penrose "B" Uni Location Unit Letter L : 1980 Line of Section 32 Tow	t 10 Langlia Feet From The <u>SOU</u>	Mattix 7-Riv.(thLine and99) Range37E), NMPI	Foot From The Light		B3480 County
Leose Name Skelly Penrose "B" Uni Location Unit Letter L : 1980	Feet From The South Prest From The South mahip 22S PORTER OF OIL AND 1	Mattix 7-Riv (thLine and99(Range37E NATURAL GAS), NMPI	Feet From The Mass		B3480 County
Lease Name Skelly Penrose "B" Uni Location Unit Letter L : 1980 Line of Section 32 Tow III. DESIGNATION OF TRANSP Name of Authorized Transporter of Oil Injection	Well No. Food Name, t 10 Langlin Feet From The SOUT 22S PORTER OF OIL AND I or Condensate []	Mattix 7-Riv.(thLine and 991 Range 37E NATURAL GAS Apparent () , NMPI Give address	Foot From The Last	of this form is to	County be senij
Lease Name Skelly Penrose "B" Uni Location Unit Letter L : 1980 Line of Section 32 Tow III. DESIGNATION OF TRANSP Name of Authorized Transporter of Oil	Well No. Food Name, t 10 Langlin Feet From The SOUT 22S PORTER OF OIL AND I or Condensate []	Mattix 7-Riv.(thLine and 991 Range 37E NATIFAL GAS Accress (GasAddress () , NMPI Give address Give address	Foot From The Loga Foot From The Loga A. Loga to which approved copy of to which approved copy of	of this form is to	B3480 County be sent)
Lease Name Skelly Penrose "B" Uni Location Unit Letter L : 1980 Line of Section 32 Tow III. DESIGNATION OF TRANSP Name of Authorized Transporter of Oil Injection	Well No. Food Name, t 10 Langlin Feet From The SOUT 22S PORTER OF OIL AND I or Condensate []	Mattix 7-Riv.(thLine and 991 Range 37E NATIFAL GAS Accress (GasAddress () , NMPI Give address	Foot From The Loga Foot From The Loga A. Loga to which approved copy of to which approved copy of	of this form is to	B3480 County be senij

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)				
District Operations Manager				
(Tule)				
March 27, 1985				
(Date)				

OIL CONSERVATION DIVISION	
APPROVED	85
APPROVED	
BY DISTRICT I SUFERVISOR	
TITLE DISTARCE I SUPERVISOR	

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepens 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 allow able on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owne well name or number, or transporter, or other such change of conditio:

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