## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

(Date)

DISTRIBUTION				
BANTA PE				
FILE				
U.1.0.4,				
LAND OFFICE				
TRANSPORTER	OIL			
	DAL			
DPERATOR .				
PRORATION OFFICE				

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

Form C-104 Revised 10-01-78 Format 06-01-83 Page 1

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

REQUEST FOR ALLOWABLE AND

PROBATION OFFICE	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS						
1.							
Operator							
TEXACO Producing Inc.							
P. O. Box 728, Hobbs, Nev	w Mexico 8	8240					
Reason(s) for filing (Check proper box)	<u></u>			Other (Please explain)			
New Well	Change in Tr	ansporter o	of:	Change of Operator from Getty to			
Recompletion	OII			TEXACO Producing Inc. 12/31/84			
X Change in Ownership	Casinghe	od Gas	ه لـا	ondensale			
If change of ownership give name and address of previous owner							
II. DESCRIPTION OF WELL AND I	EASE						
Lease Name	Well No.   Po				ase No		
Skelly Penrose "A" Un	it 21   L	angli	e Mat	tix 7-Riv. Oue on Federal or Fee			
Location				•			
Unit Letter H : 1980	Feet From T	he No	rth Lin	e and 660 Feet From The East			
	<del></del>				_		
Line of Section 4 Towns	nip 23S	F	Range	<u> 37Е , мири, Lea</u>	County		
III. DESIGNATION OF TRANSPOR	RTER OF OIL	AND N	ATURAL	Address (Give address to which approved copy of this form is to be s	ent)		
Name of Authorized Transporter of Oil	J of Condi	eusate [	)	A34.888 (0100 B34.888)			
Injection		or Dry Go		Address (Give address to which approved copy of this form is to be s	ent)		
Name of Authorized Transporter of Casing		0. 5., 5.	🗀				
	nit Sec.	Twp.	Rge.	Is gas actually connected? When			
If well produces oil or liquids, give location of tanks.		1	1				
· · · · · · · · · · · · · · · · · · ·		<u></u>		give commingling order number:			
If this production is commingled with t	hat from any o	fuer lembe	e or poor,	give committee			
NOTE: Complete Parts IV and V o	n reverse side	if necess	ary.				
OIL CONSERVATION DIVISION							
VI. CERTIFICATE OF COMPILANCE							
I hereby certify that the rules and regulations	of the Oil Conse	rvation Div	ision have	APPROVED June 1, 19_	_85		
been complied with and that the information given is true and complete to the best of							
my knowledge and belief.							
				TITLE DISTRICT I SUFERVISOR			
	/			This form is to be filed in compliance with RULE 110			
				If this is a request for allowable for a newly drilled or			
(Signature				If well this form must be accompanied by a tabulation of the	devistic		
District Operations Mana	•			tests taken on the well in accordance with RULE 111.			
(Tille)	7-1			All sections of this form must be filled out completely able on new and recompleted wells.	or allor		
March 27, 1985				Fill out only Sections I. II. III. and VI for changes	of owne		
(Date)				well name or number, or transporter, or other such change of	onditic		

RECEIVED

MAY 81 1985

HOEES GARGE