STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

	11110	Π	
DISTRIBUTION			
BANTA FE			
FILE			
U.B.G.A.			
LAND DEFRE			
TRANSPORTER	OIL		
	BAS		
OPERATOR			
PROBATION 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 multiple completed wells.

REQUEST FOR ALLOWABLE

PROBATION OFFICE	AUTHORIZA	ATION TO		PORT OII	AND NAT	URAL GAS		
Coperator								
TEXACO Producing Inc.						•		
Address		20240						
P. O. Box 728, Hobbs, New	Mexico 8	38240			10th - 181-	se explain)		
Reason(s) for filing (Check proper box)					Change	of Operator	from Gett	y to
New Well	Change in Ti	ransporter	_	y Gas	Impunco Producing Inc. 12/31/84			1/84
Recompletion X Change in Ownership	Casingh	ead Gas	=	ondensate				
(X) Change In College	<u> </u>							
If change of ownership give name and address of previous owner								
•								
II. DESCRIPTION OF WELL AND L	I Well No. I Po	ooi Name, 1	ncluding F	ormation		Kind of Lease	Fee	Lease No
Skelly Penrose "A" Un	+ 24 T	andli	_ Ma++	·iv 7-	Riv On	State, Federal or	Fee]
Skelly Penrose "A" Un	111 24 11	angir	<u> </u>	<u> </u>	IVI V • QIII			
	Feet From "	rhe Sou	th Li	e and	1980	Feet From The	_West	
Unit Letter N: 660						Lea		_
Line of Section 4 Townsh	up 23S		Range	37E	, NM	M, Lea		County
III. DESIGNATION OF TRANSPOR	TER OF OI	LAND N	<u>IATURA</u>	L GAS	(Give addres	s to which approved	copy of this form	is to be sent)
Name of Authorized Transporter of Oil) or Cone	revente [ر		(
Injection Name of Authorized Transporter of Casing	head Gas	of Dry G	as [7]	Address	(Give addres	s to which approved	copy of this form	is to be sent)
Name of Authorized Frankporter of County								
Ur	ii Sec.	Twp.	Rge.	ls gas a	ctually conne	cted? When		
If well produces oil or liquids, give location of tensa.	1	į						
If this production is commingled with t	hat from any	other less	e or pool,	give com	mingling or	der number:		
NOTE: Complete Parts IV and V o	n reverse sia	e ij neces	sary.	н				
VI. CERTIFICATE OF COMPLIANCE			OIL CONSERVATION DIVISION					
		. 5.	*.* k			June 1, /	1	19 85
I hereby certify that the rules and regulations been complied with and that the information g	of the Oil Cons iven is true and	complete to	the best of	1 255	(17)		/ -	
my knowledge and belief.	17017 13 1.110 1.110	F		BY_	JUM	SXIGA	<i></i>	
•				TITL	/ distr	HCT I SUFERVI	SOR	
w.B. he	/			11		to be filed in com	nliance with a	101 F 1164.
W.D. al	~					equest for allowable		
(Signature				1111	his form m	ust be accompanie e well in accordat	d by a tabulati	on of the devisti
District Operations Mana	ger				Il sections	of this form must !	be filled out co	mpletely for allo
March 27, 1985				able o	n new and	recompleted wells Sections 1, II, II	•	
							T	PRESCRIPTIONS

RECEIVED

MAY 31 1985

HORBS GAMES