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P. O. BOX 2088

REQUEST FOR ALLOWABLE
AND

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

Operator		TEXACO Producing Inc.		
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 TEXACO Producing Inc. 12/31/84		
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil			<input type="checkbox"/> Dry Gas
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> casinghead Gas			<input type="checkbox"/> Condensate

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease State, Federal or Fee	Fee	Lease No.
Skelly Penrose "B" Unit	25	Langlie Mattix 7-Riv. Queen			
Location					
Unit Letter <u>H</u> : <u>1788</u> Feet From The <u>North</u> Line and <u>330</u> Feet From The <u>East</u>					
Line of Section <u>6</u> Township <u>23S</u> Range <u>37E</u> , NMPM, <u>Lea</u> County					

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)	
Injection						
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>					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

NOTE: Complete Parts IV and V on reverse side if necessary.

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

July

March 28, 1985

(Date)

APPROVED June 1, 19 85
BY [Signature]
TITLE DISTRICT 1 SUPERVISOR

This form is to be filed in compliance with RULE 110a.

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 multiple completed wells.