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NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

I. **Skelly Oil Company**  
**Box 730 - Hobbs, New Mexico**  
Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter of: ☐ Dry Gas ☐  
Improvement ☐ Oil ☐ Condensate ☐  
Change in ownership ☐ Casinghead Gas ☐ Other (Please explain) **Change tank battery location**  
If change of ownership give name and address of previous owner \_\_\_\_\_

II. **DESCRIPTION OF WELL AND LEASE**  
Lease Name **Dow "A" B.H.** Well No. **9** Pool Name, Including Formation **Grayburg Jackson - G & SA** Kind of Lease **Federal**  
Location **Dow "A" B.H.**  
Unit Letter **"H"** 1980 Feet From The **North** Line and **660** Feet From The **East**  
Line of Section **15** Township **17-S** Range **31-E** NMPM, **Eddy** County

III. **DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**  
Name of Authorized Transporter of Oil ☒ or Condensate ☐  
**Texas-New Mexico Pipe Line Company** Address (Give address to which approved copy of this form is to be sent) **Box 1510 - Midland, Texas**  
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐  
**Skelly Oil Company - Maljamar Plant** Address (Give address to which approved copy of this form is to be sent) **Box 1135 - Eunice, New Mexico**  
If well produces oil or liquids, give location of tanks. Unit **"A"** Sec. **22** Twp. **17-S** Rge. **31-E** Is gas actually connected? **Yes** When **6-5-1961**

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_  
IV. **COMPLETION DATA**

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations	Depth Casing Shoe							
<b>TUBING, CASING, AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					

V. **TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL** (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)  
Date First New Oil Run To Tanks \_\_\_\_\_ Date of Test \_\_\_\_\_ Producing Method (Flow, pump, gas lift, etc.) \_\_\_\_\_  
Length of Test \_\_\_\_\_ Tubing Pressure \_\_\_\_\_ Casing Pressure \_\_\_\_\_ Choke Size \_\_\_\_\_  
Actual Prod. During Test \_\_\_\_\_ Oil - Bbls. \_\_\_\_\_ Water - Bbls. \_\_\_\_\_ Gas - MCF \_\_\_\_\_

**GAS WELL**  
Actual Prod. Test - MCF/D \_\_\_\_\_ Length of Test \_\_\_\_\_ Bbls. Condensate/MMCF \_\_\_\_\_ Gravity Condensate \_\_\_\_\_  
Testing Method (pitot, back pr.) \_\_\_\_\_ Tubing Pressure \_\_\_\_\_ Casing Pressure \_\_\_\_\_ Choke Size \_\_\_\_\_

VI. **CERTIFICATE OF COMPLIANCE**  
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.  
**March 9, 1965**  
**Oil AND GAS INSPECTOR**  
OIL CONSERVATION COMMISSION  
**MAR 12 1965**  
APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY **W. A. Gressett**  
TITLE **OIL AND GAS INSPECTOR**  
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 deviation 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 Sections I, II, III, and VI only 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 multiply completed wells.