NO. OF COPIES RECI	EIVED	5)
DISTRIBUTIO			
SANTA FE	1		
FILE	1	-	
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL	1	
INANSFORTER	GAS	1	
OPERATOR	/		
PRORATION OF			
Operator	Ske	lly	್ಟ
Address	Box	73	0,
Reason(s) for filing	(Check p	roper	box
New Well			
Recompletion			
Change in Ownership	<u> </u>		
If change of owners	hio giv		70

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWARIE

	DISTRIBUTION SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION				Sup	Form C-104 Supersedes Old C-104 and C-110		
	FILE	4	_		AND		PFC	EIVED	
	U.S.G.S.	\dashv		AUTHORIZATION TO TRAI	NSPORT OIL AND	NATURAL	_ GAS	- 1 4 5 0	
	TRANSPORTER GAS	7					JUL 3	3 1 1969	
	OPERATOR ,	4						C. C.	
I.	Operator Operator						ARTESI,	A, OFFICE	
	Skal	.ly	Cil	Company					
	Address	27.00	,	3.5 N 3				}	
	Reason(s) for filing (Check proper box) Reason(s) for filing (Check proper box) Other (Please explain)								
	New We!l Change in Transporter of:								
	Recompletion			Oil Dry Gas		1111.			
	Change in Ownership			Casinghead Gas XX Condens	sate of from.	Skelly			
	If change of ownership give		e		,				
	and address of previous own	er _							
II.	DESCRIPTION OF WELL	AN	ID LE	EASE					
	Lease Name			Well No. Pool Name, Including Fo		Kind of Le	lergi of Fee	Lease No.	
	Skelly Unit			9 Fren Seven Ri	Vert 1	State, 1 co	F	ederal	
		7	1980	Feet From The Horth Line	and 1980	Feet Fro	om The	ast	
	Unit Letter "G";		1900	Feet From the	dind		om the		
	Line of Section 21		Towns	ship 17-3 Range	31-E , NM	РМ,	Eddy	County	
					_				
III.	DESIGNATION OF TRAN	SPC er of	OIL	or Condensate	Address (Give addres	s to which ap	proved copy of th	his form is to be sent)	
	i				Box 1510 - M	idland.	Teras		
	Name of Authorized Transporte	er of	Casin	ghead Gas XX or Dry Gas	Address (Give addres	s to which ap	proved copy of the	his form is to be sent)	
	Continental Oil	Cor	per,		Box 2197 - H				
	If well produces oil or liquids,		¦ t	Jnit Sec. Twp. Rge.	Is gas actually conne	ected?	When		
	give location of tanks.		<u> </u>	7 H 21 176 31E	Yes		June 1		
137	If this production is comming COMPLETION DATA	gled	with	that from any other lease or pool, a	give commingling or	der number:		9-1-93	
14.		,			New Well Workove	er Deepen	Plug Back	Same Res'v. Diff. Res'v.	
	Designate Type of Co	mple				L	+	<u> </u>	
	Date Spudded		I	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.		
	Elevations (DF, RKB, RT, GR	2 840		Name of Producing Formation	Top Oil/Gas Pay		Tubing De	oth	
	and the second (21) kills, kill, ok	,	-						
	Perforations				Depth Cast	Depth Casing Shoe			
					CEMENTING DECORD				
	TUBING, CASING, AN				DEPTH SET		s	SACKS CEMENT	
	HOLE SIZE	_		OKOMO Q VOJANO					
								·	
V.	TEST DATA AND REQU	EST	r Foi	RALLOWABLE (Test must be af able for this de	ter recovery of total v pth or be for full 24 ho	olume of load urs)	oil and must be	equal to or exceed top allow-	
	OIL WELL Date First New Oil Run To To	anks		Date of Test	Producing Method (F	low, pump, ga	s lift, etc.)		
							Choke Size		
	Length of Test			Tubing Pressure	Casing Pressure		Choke Size	'	
	Actual Prod. During Test			Oil-Bbls.	Water - Bbls.		Gas-MCF		
	' <u></u>								
	GAS WELL				Bbls. Condensate/M	VCE.	Gravity of	Condensate	
	Actual Prod. Test-MCF/D			Length of Test	BDIB. CONGENEGIES MI	WCI	G.G. G.		
	Testing Method (pitot, back p)r.)		Tubing Pressure (Shut-in)	Casing Pressure (Sh	ut-in)	Choke Size		
VI.	CERTIFICATE OF COM	PLI	ANC	2	OIL	_ CONSER	EVATION CO	MMISSION	
					AUG 4 - 1969				
	I hereby certify that the rul	ereby certify that the rules and regulations of the Oil Conservation			APPROVED , 19				
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.				BY	BY W. a. Gressett			
	l)			TITLE OIL AND GAS INSPECTOR					
				_	with RULE 1104.				
W This.			version a sequent for allowable for a newly drilled or deepened						
	(Signature)				well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.				
District Production Manager All sections of this form must				must be filled	ast be filled out completely for allow-				
(Title)					able on new and recompleted wells.				

July 29, 1969 (Date)

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 multiply completed wells.