	EIVED	1.5	
DISTRIBUTIO			
SANTA FE	/		
FILE	1	_	
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL	17.	
TRANSPORTER	GAS	7	Γ
OPERATOR		1	
PRORATION OF			
Operator	Ske	lly	(
		73	
		proper	<b>b</b> c
Reason(s) for filing	(Check		
Reason(s) for filing New Well	(Check		
	(Check )		

## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

AND

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.

Form C-104 Supersedes Old C-104 and C-110

RETENTED

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS JUL 3 1 1009 O. C. C. ARTESIA, OFFICE 11. Company hobbs, New Mexico Other (Please explain) Change in Transporter of: OIL Dry Gas Condensate Casinghead Gas II. DESCRIPTION OF WELL AND LEASE
| Well No. | Pool Name, Including Formation State, Federal or Fee 14 Fren Seven Rivers Skelly Usit Location 660 West "L" 1980 South Line and Feet From The Feet From The Unit Letter , NMPM, County 17-5 Range 31-E Eddy Line of Section Township 21 III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| Name of Authorized Transporter of Oil | Or Condensate | | | Address (Give address to which approved copy of this form is to be sent) Box 1510 - Midlard Teres

Address (Give address to which approved copy of this form is to be sent) Texas New Mexico Pipeline Company
Name of Authorized Transporter of Casinghead Gas XI or Dry Gas Hor 2197 - Houston, Is gas actually connected? Continental Oil Company Terrs Sec. 28' Twp. Rge. If well produces oil or liquids, give location of tanks. 3H 21 178 June 1, 1960 If this production is commingled with that from any other lease or pool, give commingling order number: R IV. COMPLETION DATA Same Res'v. Diff. Res'v. Deepen Plug Back Gas Well New Well Designate Type of Completion - (X) P.B.T.D. Date Compl. Ready to Prod. Total Depth Date Spudded Tubing Depth Top Oil/Gas Pay Name of Producing Formation Elevations (DF, RKB, RT, GR, etc.) Depth Casing Shoe Perforations TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT CASING & TUBING SIZE DEPTH SET HOLE SIZE (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) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Date of Test Choke Size Casing Pressure Tubing Pressure Length of Test Gas - MCF Water - Bbls. Oil-Bbls. Actual Prod. During Test **GAS WELL** Bbls. Condensate/MMCF Gravity of Condensate Actual Prod. Test-MCF/D Length of Test Choke Size Casing Pressure (Shut-in) Tubing Pressure ( shut-in ) Testing Method (pitot, back pr.) OIL CONSERVATION COMMISSION VI. CERTIFICATE OF COMPLIANCE AUG 1000 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. APPROVED essett OIL AND GAS INSPECTOR TITLE 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. (Signature) All sections of this form must be filled out completely for allowable on new and recompleted wells. District Production Manager (Title)

1969

(Date)

July 29,

NO. OF COPIES REC	15		
DISTRIBUTIO			
SANTA FE			
FILE	7 -	•	
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OF			

	SANTA FE		REQUEST FOR ALLOWABLE					Supersedes Old C-104 and C-110			
	FILE /-	<u>-</u>	AND Effective 1-1-65						.03		
	U.S.G.S.  LAND OFFICE	OFFICE OIL /									
	TRANSPORTER OIL /										
	GAS /										
_	OPERATOR / PRORATION OFFICE										
1.	Operator Operator	<del></del> _									
	SKELLY OIL COMPANY	<i>_</i>							· · · · · · · · · · · · · · · · · · ·		
	Address										
	P. O. Box 730 - Hobbs Reason(s) for filing (Check proper	box)	w Mexico	88240			Other (Pleas	e explain)			
	New Well		Change in T	Transporter of:			Change	tank batto	ery location		
	Recompletion		Oil		Dry Gas	===			7 3, 1968.		
	Change in Ownership		Casinghead	Gas	Condens	sate		<u> </u>			
	If change of ownership give nam										
	and address of previous owner _										
II.	DESCRIPTION OF WELL AN	ND LE	ASE Well No. 1	Pool Name, Incl	uding Fo	rmation		Kind of Lease		Lease No.	
	Skelly Unit		14 Fren Seven Ri					State, Federa	or Fee Tederal		
	Location		!_ <del></del>	2 6 0 4 0 0	<u>, un m</u>			-			
	Unit Letter / 101 :;	980	Feet From	The <b>Sout</b>	<u>h</u> _Line	e and	660	Feet From	The West		
		Tours	h/n 17-6	Rar	nge.	31-E	, NMP	л. <b>Т</b> ё	ldy	County	
	Line of Section 21	Towns	hip 17-S	- Itul	ige	<u> </u>	, 14,911 1	***	<u></u>		
Ш.	DESIGNATION OF TRANSPO	ORTE	R OF OIL A	AND NATUR	AL GA	<b>s</b>	<u> </u>		ed copy of this form is	to be centi	
	Name of Authorized Transporter of Texas-New Mexico Pipe			ndensate		Address			dland, Texas	to be sent)	
	Name of Authorized Transporter of	Casino	head Gas 🛣	or Dry Gas		Address			ed copy of this form is	to be sent)	
	Skelly Oil Company-Ma								nice, New Hex	100	
	If well produces oil or liquids,	Ü	Init Sec.		Rge.	Is gas ac	tually connec	ted? Whe			
	give location of tanks.		J 2			<u> </u>	Yes	i	June 1, 19	60	
	If this production is commingled COMPLETION DATA	l with	that from any	other lease o	r pool, q	give com	ningling orde	er number:			
1 .	Designate Type of Compl	otion		l Well Gas	Well	New Well	Workover	Deepen	Plug Back Same R	es'v. Diff. Res'v.	
				l 		Total De	nth		P.B.T.D.		
	Date Spudded		ate Compl. Re	eddy to Prod.		Total De	ptn		1.5.1.5.		
	Elevations (DF, RKB, RT, GR, etc	c. / N	lame of Produc	ing Formation		Top Oil/	Gas Pay		Tubing Depth		
						<u> </u>					
	Perforations								Depth Casing Shoe		
			TI	JBING, CASIN	IG. AND	CEMEN	TING RECO	RD			
	HOLE SIZE		CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT		
						_					
V.	TEST DATA AND REQUEST	r FOR	RALLOWAE	BLE (Test m	ust be af	iter recove	ry of total vol	ume of load oil	and must be equal to o	exceed top allow-	
	OIL WELL Date First New Oil Run To Tanks		Date of Test	able fo	r this de	per or or j	Ur just 24 nous	w, pump, gas li			
	Date First New Oil Run 10 Tanks	-	Tubing Pressure			Casing Pressure					
	Length of Test	1							Choke Size		
			<del></del>			Water - B	<u> </u>		Gas - MCF		
	Actual Prod. During Test		Oil-Bbls.			wdter-B	Dis.		Gus Moi		
						<u> </u>					
	GAS WELL									<del></del>	
	Actual Prod. Test-MCF/D	L	ength of Test			Bbls. Co	ndensate/MM	CF	Gravity of Condensa	t•	
	Testing Method (pitot, back pr.)		Tubing Pressur	e (Shut-in)		Casing F	Pressure (Shu	t-in)	Choke Size		
	resting worked (pros) seem proy		·•	<b>\</b>				. <u>.</u>	<u> </u>		
VI.	CERTIFICATE OF COMPLI	IANCE	 3				OIL	CONSERVA	ATION COMMISSI	ON	
						4888	OVED	-	. J.J	. , 19	
	I hereby certify that the rules a	h and that the information given		71 110023			, –				
	above is true and complete to the best of my knowledge and belief				belief.	BY	- (M)	Con A	alike to		
						TITL	E	<u>-</u>	-		
					Т	his form is	to be filed in	compliance with RU	LE 1104.		
				If	this is a re	quest for allow	wable for a newly dri	lied or deepened of the deviation			
	(Signature)  District Superintendent  (Title)				well, this form must be accompanied by a tabulation of the detected taken on the well in accordance with RULE 111.				11.		
					<del></del>	able /	ll sections on new and s	of this form mu ecompleted w	ist be filled out comp ells.	pletely for allow-	
	Janu	LO, 1968			‼ =	ill out only	Sections I. I	I. III. and VI for ch	anges of owner,		
		(Date				well n	ame or numb	er, or transpor	ter, or other such the	nge of condition.	
							Separate Forms C-104 must be filed for each pool in multiply completed wells.				