

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

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

RECEIVED

I.

Operator	
Skelly Oil Company	
Address	
Box 730, Hobbs, New Mexico	
Reason(s) for filing (Check proper box)	
New Well	<input type="checkbox"/>
Recompletion	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>
Change of Transporter of:	
Oil	<input type="checkbox"/>
Gas	<input type="checkbox"/>
Condensate	<input type="checkbox"/>
Other (Please explain)	
Change Lease Name & Well No.	

If change of ownership give name and address of previous owner

Well formerly known as

II. DESCRIPTION OF WELL AND LEASE

Skelly Oil Company's - Dow "B" Well No. 18

Lease Name	Well No.	Port Name, Including Perforation	Kind of Lease	Lease No.
Skelly Unit	7	Fren Seven Rivers	State, Federal or Fee	Federal
Location				
Unit Letter	"B"	1874	Feet From Pole	North
Line of Section	21	Township	17-S	Range
			31-E	County
			Eddy	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	<input checked="" type="checkbox"/> or Condensate	Address (Give address to which approved copy of this form is to be sent)
Texas - New Mexico Pipe Line Company		Box 1510 - Midland, Texas
Name of Authorized Transporter of Casinghead Gas	<input checked="" type="checkbox"/> or Dry Gas	Address (Give address to which approved copy of this form is to be sent)
Skelly Oil Company - Matjamar Plant		Box 1135 - Eunice, New Mexico
If well produces oil or liquids, give location of tanks.	Unit	Sec.
D	21	17S
		31E
Is well actually completed?	When	
Yes	June 1, 1960	

If this production is commingled with that from any other lease or pool give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (A)		Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Completed Ready to Prod.	Total Depth		P.B.T.D.					
Elevations (DE, RKB, RT, GK, etc.)	Name of Producing Formation	Top of Gas Pay		Testing Depth					
Perforations		Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD									
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 of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	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.


(Signature)
District Superintendent

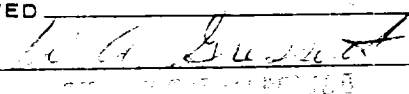
January 24, 1967

(Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19

BY 

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.

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 multiply completed wells.