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

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

AND

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

TEG 2 + 18 11 OPERATOR

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS PRORATION OFFICE Operator Skelly Oil Company Address P. O. Box 1351, Midland, Texas 79701 Reason(s) for filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Recompletion Change in Ownership Casinahead Gas Condensate If change of ownership give name and address of previous owner ___ II. DESCRIPTION OF WELL AND LEASE
| Well No. | Pool Name, Including Formation Kind of Lease Lease No. IC-029420 (A Skelly Unit 106 State, Federal or Fee Grayburg-Jackson Fed. Location 660 Feet From The North Late and 1980 West Feet From The Township 17S Range 31E , NMPM, Eddy III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Condensate Address (Give address to which approved copy of this form is to be sent) Texas-New Mexico Pipeline Company P. O. Box 1510, Midland, Texas 79701 Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas 🛣 or Dry Gas P. O. Box 1206, Maljamar, New Mexico Continental Oil Company When Rge. Unit Sec. Is gas actually connected? If well produces oil or liquids, В 14 17S 31E Yes February 25, 1971 If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA New Well Workover Gas Well Oil Well Plug Back Same Res'v. Diff. Res'v. Designate Type of Completion - (X) February 19, 1971
Name of Producing Formation January 9, 1971
Elevations (DF, RKB, RT, GR, etc.) 36921 <u> 3545'</u> Tubing Depti 32781 3850' DF 3510' Grayburg-San Andres Perforations, 3325, 3353, 64, 82, 95 343, 28, 41,56, 16, 82, 86, 2643310 3282, 97, 3282' - 3510' 4/1571 Depth Casing Shoe 3692 TUBING, CASING, AND CEMENTING RECORD CASING & TUBING SIZE SACKS CEMENT HOLE SIZE 11" 626¹ 3692¹ 300 1350 7-778" 2 3/8 33/0 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) OIL WELL Froducing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Date of Test February 25, 1971 Pump February 19, 1971 Choke Size Length of Test Tubing Pressur Casing Pressure NA 24 hours NA Water - Bble. Oil-Bbls. Actual Prod. During Test 5 70 bbls. 65 81 **GAS WELL** Length of Test Bhls. Condensate/MMCF Gravity of Condensate Actual Prod. Test-MCF/D Casing Pressure (Shut-in) Choke Size Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) OIL CONSERVATION COMMISSION VI. CERTIFICATE OF COMPLIANCE FEB 2.6 APPROVED 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. D GAS INSPECTOR TITLE Seased P. L. NUNLEY This form is to be filed in compliance with RULE 1104. P. L. Nunley If this is a request for allowable for a newly drilled or deepened (Signature) District Production Manager

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

(Title)

February 26, 1971