

| | | |
|------------------------|-----|--|
| 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
RECEIVED
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
SEP 5 1972

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

| | |
|---|---|
| Operator Skelly Oil Company | |
| Address P. O. Box 1351, Midland, Texas 79701 | |
| Reason(s) for filing (Check proper box) | Other (Please explain) |
| New Well <input type="checkbox"/> | CASINGHEAD GAS MUST NOT BE FLARED AFTER 10-7-72 UNLESS AN EXCEPTION TO Rule 306 IS OBTAINED 21-2-84 10-24-72 |
| Recompletion <input checked="" type="checkbox"/> | |
| Change in Ownership <input type="checkbox"/> | |
| Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> | |
| If change of ownership give name and address of previous owner | |

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|------------------------|--|--|----------------------------------|
| Lease Name Skelly Unit | Well No. 114 | Pool Name, Including Formation Fren Seven Rivers | Kind of Lease State, Federal or Fee Fed. | Lease No. LC-029418(b) |
| Location Unit Letter D ; 660 Feet From The North Line and 660 Feet From The West Line of Section 14 Township 17S Range 31E , NMPM, Eddy County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | |
|---|--|---|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas-New Mexico Pipe Line Company | Address (Give address to which approved copy of this form is to be sent) P.O. Box 1510, Midland, Texas 79701 | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Vented | Address (Give address to which approved copy of this form is to be sent) | |
| If well produces oil or liquids, give location of tanks. | Unit D 2 Sec. 14 Twp. 17S Rge. 31E | Is gas actually connected? No When Will be sold when commingling approved |

If this production is commingled with that from any other lease or pool, give commingling order number: **72-450 7-1-73**

IV. COMPLETION DATA

| | | | |
|---|---|--|------------------------------|
| Designate Type of Completion - (X) | Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input checked="" type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input checked="" type="checkbox"/> | | |
| Date Spudded ----- | Date Compl. Ready to Prod. June 21, 1972 | Total Depth 3828' | P.B.T.D. 3300' |
| Elevations (DF, RKB, RT, GR, etc.) 3919' DF | Name of Producing Formation Seven Rivers | Top Oil/Gas Pay 2289' - Seven Rivers | Tubing Depth 2519' |
| Perforations 2289-2468' Seven Rivers | Depth Casing Shoe 3827' | | |
| TUBING, CASING, AND CEMENTING RECORD | | | |
| HOLE SIZE ----- | CASING & TUBING SIZE 2-3/8" | DEPTH SET 2519' | SACKS CEMENT None |
| 11 | 8 5/8" | 630 | 350 |
| 7 3/8 | 5 1/2" | 3827 | 1100 |

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 June 27, 1972 | Date of Test August 7, 1972 | Producing Method (Flow, pump, gas lift, etc.) Pumping | |
| Length of Test 24 hours | Tubing Pressure ----- | Casing Pressure ----- | Choke Size ----- |
| Actual Prod. During Test | Oil-Bbls. 5 | Water-Bbls. 9 | Gas-MCF 6 |

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.

(Signed) **CHARLES J. LOVE** **C. J. Love**
(Signature)
District Production Manager
(Title)
August 29, 1972
(Date)

OIL CONSERVATION COMMISSION

APPROVED **SEP 7 1972** 19
BY **W. A. Dressitt**
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 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 multiple.