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LAND OFFICE	
TRANSPORTER	OIL 1 GAS
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**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

Operator **Skelly Oil Company**
 Address **Rm 208 Goodstein Bldg., 330 So. Center, Casper, WY 82601**
 Reason(s) for filing (Check proper box):
 New Well Change in Transporter
 Recompletion Oil Dry Gas
 Change Ownership Casinghead Gas Condensate
 Other (Please explain) **Change Pool name as per order R-5129**

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla "D"	Well No. 2	Pool Name, Including Formation South Lindrich Gallup-Dakota	Kind of Lease State, Federal or Fee Federal	Lease No.
Location A 990 North 990	Feet From The East			
Unit Letter 5	Feet From The 23N	Line and 4W	Feet From The Rio Arriba	County
Line of Section	Township	Range	, NMPM,	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter Blasco, Inc.	or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) Box 108, Farmington, NM
Name of Authorized Transporter of Casinghead Gas None	or Dry Gas <input type="checkbox"/>	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 A Sec. 5 Twp. 23N Rge. 4W	Is gas actually connected? NO When.

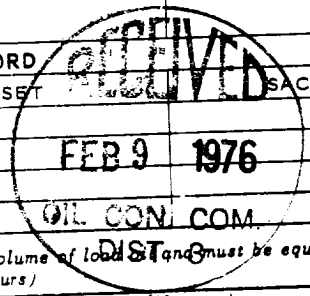
If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing 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 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]
Area Superintendent
February 6, 1976
(Date)

**OIL CONSERVATION COMMISSION
FEB 9 1976**

APPROVED _____, 19____
 BY Original Signed by A. R. Kendrick
 TITLE SUPERVISOR DIST. #3

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.