OF COPIES RECEIVED	5	
DISTRIBUTION		NEW MEXICO OIL CONS
AFE		REQUEST FO
	1	A
.s.		AUTHORIZATION TO TRANS
OFFICE		

,	DISTRIBUTION SANTA FE FILE		NSERVATION COMMI OR ALLOWABLE AND	SSION	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65					
	U.S.G.S. LAND OFFICE TRANSPORTER OIL / SAS / OPERATOR /	ATURAL GAS								
I.	PRORATION OFFICE									
	Skelly Oil Company Address 1860 Lincoln Street, Denver, Colorado 80203 ENDYXEGNACIONANTALESSENDANTALESSENDANTALOZX									
	Reason(s) for filing (Check proper box) New Well Recompletion Change in Ownership	Change in Transporter of: Oil X Dry Gas Casinghead Gas Condens	Other (Please	explain)						
	If change of ownership give name and address of previous owner									
II.	DESCRIPTION OF WELL AND L Lease Name Farming E	EASE Well No. Pool Name, Including For 2 Otero Gallup	mation	Kind of Lease State, Federal or Fed	• State	Lease No. E 1207				
	Unit Letter B: 764 Feet From The North Line and 1870 Feet From The East Line of Section 2 Township 24 N Range 6 W , NMPM, Rio Arriba County									
	Zino or ottorion			, KIO 111						
III.	DESIGNATION OF CRANCPORT Name of Authorized Transporter of Cit	or Condensate	Address (Give address			1				
	Western Oil Transport Name of Authorized Transporter of Cas El Paso Natural Gas Co	Address (Give address	O Farmingtor	y of this form is t	to be sent)					
	If well produces oil or liquids, give location of tanks.	G 2 24 N 6 W	Yes							
ïV.	If this production is commingled with COMPLETION DATA	h that from any other lease or pool, g			D Cara Ba	oly Diff Basty				
	Designate Type of Completio	O11 11011	New Well Workover		Back Same Re					
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	<i>1</i>	.T.D.					
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas	4 18 10 MT	ing Depth th Casing Shoe					
	Perforations TUBING, CASING, AND CEMENTING RECORD									
	HOLE S.ZE	CASING & TUBING SIZE	DEPT	EO	SACKS CE	MENT				
v		TEST DATA AND REQUEST FOR ALLOWABLE (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)								
	OH. WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flo	w, pump, gas lift, etc	.)					
	Longth of Tost	Tubing Pressure	Casing Pressure		oke Size					
	Actual Prod. During Test	Oil-Bhla.	Water-Bbis.	Gal	-MCF					
	CAC DETY									
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MM	CF Gro	rvity of Condensat	•				
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shi	nt-in) Cho	oke Size					
V	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION MAY 21 1970							
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been compled with and that the information given above is true and complete to the best of my knowledge and belief.		By Original Signed by Emery C. Arnold							
			SUPERVISOR DIST. #8							
	Signaire)		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.							
	District Operations Superintendent									
	(Title) 5-18-70 (Date)		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.							

