į	NO. OF COPIES RECEIVED		1 3	1 5		
ł	DISTRIBUTION		1			
	SANTA FE		17	-		
1	FILE					
	U.S.G.S.		1			
Ì	LAND OFFICE					
Ì	TRANSPORTER	OIL	1.			
		GAS	1			
	OPERATOR		71			
ı	PRORATION OFFICE					
	Operator					
	Skelly 011 Company					
	Address					
	Rm. 208 Goodstein Blo					
	Reason(s) for filing	(Check	proper	bo		
	New Well	<u>x</u>				
	Recompletion					
		Change - Ownership				

NEW MEXICO OIL CONSERVATION COMMISSION

	SANTA FE /	l .	FOR ALLOWABLE	Supersedes Old C-104 and C-110				
}	FILE /		AND	Effective 1-1-65				
ŀ	U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL	GAS				
Ì	OIL	-						
	TRANSPORTER GAS /							
	OPERATOR 7							
1.	PRORATION OFFICE Operator	<u> </u>						
	Skelly 011 Company							
	Address							
	Rm. 208 Goodstein Bldg., 330 So. Center, Casper, WY 82601							
	Reason(s) for filing (Check proper box	As a 120 nos remember ash	Other (Please explain)					
	New Well	Change in Transporter of:						
	Recompletion	Oil Dry Ga	77					
	Change 3 Ownership	Casinghead Gas Conden	sate					
	If change of ownership give name							
	and address of previous owner							
II.	DESCRIPTION OF WELL AND	LEASE						
	Lease Name	Well No. Pool Name, Including Fo		ral or Fee Federal Lease No. Contract				
	Jicarilla "C"	27 Basin Dako	ega state, i sas	No. 34				
		5Feet From The!North_Lin	e and 800 Feet From	n The West				
	Unit Letter ; ; 73	5 reet from the Morth Lin	d did i eet i ioi					
	Line of Section 33 To	wnship 25H Range 5	W , NMPM, RIO	Arriba County				
			_					
III.	Name of Authorized Transporter of Oil	TER OF OIL AND NATURAL GA	Address (Give address to which app	roved copy of this form is to be sent)				
	None of Authorized Transporter of Ora							
	Name of Authorized Transporter of Ca	singhead Gas or Dry Gas 🙀	Address (Give address to which app	roved copy of this form is to be sent)				
	El Paso Natural Gas	~	Box 990, Farmington,	NM				
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	√hen .				
	give location of tanks.	E 33 25N 5 W	No					
		th that from any other lease or pool,	give commingling order number:					
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.				
	Designate Type of Completion	on - (X)	X					
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
	3/25/75	4/28/75	7238*	71991				
	Elevations (DF, RKB, RT, GR, etc.)		Top Oil/Gas Pay	Tubing Depth				
	6689' Gr. 6701' DF	Dakota	£881'	7CAF. Depth Casing Shoe				
		91: 70131-341: 70431-461		7237'				
	0903 -09 : 6999	TUBING, CASING, AND	CEMENTING RECORD					
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT				
	12 1/4"	3 5/8 ¹¹ 0D	365'	365				
	7 7/8"	11.6" OD	72371	1346				
		2 3/8" 00	7045					
1 ,	TEST DATA AND DEOUEST E	OR ALLOWARIE (Test must be a	fter recovery of to:al volume of load of	il and must be equal to or exceed top allow-				
٧.	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)							
	Date First New Oil Rur. To Tanks	Date of Test	Producing Method (Flow, pump, gas	tijt, etc.)				
		Tubing Pressure	Casing Pressure	Chok				
	Length of Test	Tubing Presente						
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Co Trans				
				103				
· <u>-</u>	GAS WELL							
	GAS WELL	Length of Test	Bbls. Condenscie/MMCF	Gravity of Conds at				
	Actual Prod. Test-MCF/D			9				
	Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (Shut-in)	Choke Size				
	Back pr.	1890 psig	Pkr.	3/411				
VI	CERTIFICATE OF COMPLIAN		OIL CONSER	VATION COMMISSION				
• • •			JUL 14 1975					
	I hereby certify that the rules and regulations of the Oil Conservation		APPROVEC					
	Commission have been complied 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					
	1 1) 0	TITLE	SUPERVISOR DIST. #3				
	/ ///)/20		H					
		11 Wester	This form is to be filed i	n compliance with RULE 1104.				
	1) 04 / 1/10	WTWWW.	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					
	1//		well, this form must be accordance with RULE 111. All sections of this form must be filled out completely for allow-					
	Area Superinte	itle)	able on new and recompleted	Wells.				
	July 9. 1975	·	11					
		ate)	well name or number, or transp	orten or other such change of condition.				
			Separate Forms C-104 m	the or mind to their bear in member				