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DISTRIBUTION SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE		Form C-104 Supersedes Old C-104 and C-11:
FILE	REQUEST	AND	Effective 1-1-65
U.S.G.S.	AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL	GAS
LAND OFFICE	_		
TRANSPORTER GAS /			
OPERATOR 3	-		
PRORATION OFFICE			
Operator			
Skelly Oil Comp. Address	BBY		
Rm 208 Goodstein Bi	dg., 330 So. Center, Cas	par. WY 82601	
Reason(s) for filing (Check proper ba	Change in Transporter of:	Other (Please explain)	
Recompletion	Oil Dry C	Gas 🔲	
Change is Ownership	Casinghead Gas Cond	ensate	
If change of ownership give name and address of previous owner			
•	TEACE		
II. DESCRIPTION OF WELL AND Lease Name	Well No. Pool Name, Including		
Paul Williams	3 Basin Dak	State, Fed	eral or Fee Fee
Location	1575 Feet From The North L	ine and 1555 Feet Fro	m The West
Unit Letter;;	reet From The HOTEL	ine did	
Line of Section 35 T	ownship 26N Range	6V , NMPM, RI	c Arriba County
II. DESIGNATION OF TRANSPORME of Authorized Transporter of C	RTER OF OIL AND NATURAL G	Address (Give address to which app	proved copy of this form is to be sent)
Name of Authorized Transporter of C	Casinghead Gas or Dry Gas	Address (Give address to which app	proved copy of this form is to be sent)
El Paso Natural Gas	Unit Sec. Twp. P.ge.	Box 990 Farmington	when
If well produces oil or liquids, give location of tanks.			
	with that from any other lease or poo	No N	
V. COMPLETION DATA		New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v
Designate Type of Comple	tion - (X) Gas Well Gas Well X	Total Depth	P.B.T.D.
Date Spudded	6/14/75	7177*	71661
5/5/75 Elevations (DF, RKB, RT, GR, etc.		Top Oil/Gas Pay	Tubing Depth
6338' GR. 6351'KB	Lii Dakote	6812*	Depth Casing Shoe
Perforations			
69381-431; 69861-87	TURING CASING A	ND CEMENTING RECORD	7177'
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/44	\$ 5/8 ¹¹ OD	3751	245
7 7/8"	4 1/2" 00	7177'	550
	2 3/8H OD	69611	
V TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be	e after recovery of total volume of load	oil and must be equal to or exceed top allow
Oll. WELL Date First New Oil Run To Tanks	able for this	depth or be for full 24 hours) Producing Method (Flow, pump, ga	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	OU BN	Water - Bbls.	Gas-MGF
Actual Prod. During Test	Oil-Bbls.		7 2 63
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
			Choke Size
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (Shut-in)	
Back Pr.	2440 psig	pkr.	NATION COMMISSION
VI. CERTIFICATE OF COMPLIA			SEP 2 9 1975
	nd regulations of the Oil Conservation of with and that the information give the best of my knowledge and belie	en signed	by A. R. Kendrick

Area SuperIntendent (Title)

September 24, 1975 (Date)

SUPERVISOR DIST. #3 TITLE _

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.