

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

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	1
PRORATION OFFICE	

I. Operator **Skelly Oil Company**  
Address **1860 Lincoln Street, Denver, Colorado 80203**  
Reason(s) for filing (Check proper box)  
New Well  Change in Transporter of:  
Recompletion  Oil  Dry Gas   
Change in Ownership  Casinghead Gas  Condensate

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE  
Lease Name **Navajo "L"** Well No. **1** Pool Name, including Formation **Undesignated Fruitland** Kind of Lease **Federal** Lease No. \_\_\_\_\_  
Location  
Unit Letter **I** ; **1980** Feet From The **South** Line and **660** Feet From The **East**  
Line of Section **11** Township **26N** Range **12W** , NMPM, **San Juan** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil  or Condensate  Address (Give address to which approved copy of this form is to be sent) \_\_\_\_\_  
Name of Authorized Transporter of Casinghead Gas  or Dry Gas  Address (Give address to which approved copy of this form is to be sent) **El Paso Natural Gas Company**  
If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. Is gas actually connected? When **No**

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 **12/26/68** Date Compl. Ready to Prod. **1/8/69** Total Depth **1158'**  
Elevations (DF, RKB, RT, GR, etc.) **6003' GR** Name of Producing Formation **Fruitland Sand** Top Oil/Gas Pay **1130'** Tubing Depth \_\_\_\_\_  
Perforations **1130' - 1147'** Depth Casing Shoe \_\_\_\_\_  
TUBING, CASING, AND CEMENTING RECORD  
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT  
**2 3/8** **1145**

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 greater than 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 \_\_\_\_\_  
**ALLOWABLE**  
**JAN 14 1969**  
**OIL CON. COM. DIST. 3**

GAS WELL  
Actual Prod. Test-MCF/D **201** Length of Test **3 hours** Bbls. Condensate/MMCF **0** Gravity of Condensate **0**  
Testing Method (pitot, back pr.) **Back Pressure** Tubing Pressure (shut-in) **373** Casing Pressure (shut-in) **373** Choke Size **3/4"**

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.  
**Selma J. [Signature]**  
District Production Manager  
January 10, 1969  
(Date)

OIL CONSERVATION COMMISSION  
APPROVED **JAN 14 1969**  
BY **Original Signed by Emery C. Arnold**  
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.