HO. DI COPIES RECEIVED DISTRIBUTION NEW MEXICO OIL CONSERVATION COMMISS. 4 Supersedes Old C-104 and C-110 Effective 1-1-65 SANTA FE REQUEST FOR ALLOWABLE FILE AND U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE OIL TRANSPORTER OPERATOR PRORATION OFF CE Operator Skelly Oil Company Address P. O. Box 1351, Midland, Texas 79701
Reason(s) for filing (Theck proper box) Other (Please explain)
The gas line was disconnected Change in Transporter of: January 1, 1968, as this well had Recompletion ceased to produce gas and has now Casinghead Gas X Condensate Change in Ownership been reconnected. If change of ownership give name and address of previous owner ___ II. DESCRIPTION OF WELL AND LEASE
| Well No. | Pool Name, Including Formation Lease No State, Federal or Fee Las Cruces "B" 3 Allison-Penn Federal NM-03431 660 1830 Feet From The__ North Line and East Unit Letter **H Feet From The 37E , NMPM, County Roosevelt Line of Section 30 88 Range Township Address (Give address to which approved copy of this form is to be sent) P. O. Box 3119, Midland, Texas 79701
Address (Give address to which approved copy of this form is to be sent) The Permian Corporation Name of Authorized Transporter of Casinghead Gas 🛣 💮 or Dry Gas 🗍 P. O. Box 308, Tatum, New Mexico 88267 Warren Petroleum Corporation Is gas actually connected? Unit Rae. Sec. If well produces oil or liquids, give location of tanks. 30 8S 37E November 30, 1970 В Yes If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Deepen Plug Back Same Res'v. Diff. Res'v. Workover Oil Well Gas Well Designate Type of Completion - (X) Total Depth P.B.T.D. Date Compl. Ready to Prod. Date Spudded Top Oil/Gas Pay Tubing Depth Name of Producing Formation Elevations (DF, RKE, RT, GR, etc.) Depth Casing Shoe Perforations TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT CASING & TUBING SIZE DEPTH SET HOLE SIZE (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) V. TEST DATA AND REQUEST FOR ALLOWABLE Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Date of Test Choke Size Casing Pressure Tubing Pressure Length of Test Gge - MCF Water - Bbls. Oil-Bbls. Actual Prod. During Test **GAS WELL** Gravity of Condensate Bbls. Condensate/MMCF Length of Test Actual Prod. Test-MCF/D Casing Pressure (Shut-in) Choke Size Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) OIL CONSERVATION COMMISSION 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. 九二百十四 TITLE (Signed) P. L. NUNL. This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or despened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111. , P. L. Nunley (Signature) District Production Manager

(Title)

December 3, 1970

(Date)

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, name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply