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

**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

**I. OPERATOR**  
Operator: Wood, McShane & Thams 692, Ltd.  
Address: P. O. Box 968, Monahans, Texas 79756  
Reason(s) for filing (Check proper box):  
New Well  Change in Transporter of: Oil  Dry Gas   
Recompletion  Casinghead Gas  Condensate   
Change in Ownership

If change of ownership give name and address of previous owner: Wood, McShane & Thams - Colorado Box 968, Monahans, Texas

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <u>New Mexico M State</u>	Well No. <u>13</u>	Pool Name, including Formation <u>Langlie Mattix</u>	Kind of Lease State, Federal or Foreign <u>State</u>	Lease No. <u>B-934</u>
Location Unit Letter <u>K</u> , <u>1980</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u> Line of Section <u>20</u> Township <u>22-S</u> Range <u>37-E</u> , NMPM, <u>1980</u> County				

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Texas New Mexico Pipe Line Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1510, Midland, Texas</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Skelly Oil Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>Junice, New Mexico</u>
If well produces oil or liquids, give location of tanks. Unit <u>C</u> Sec. <u>29</u> Twp. <u>22-S</u> Rge. <u>37-E</u>	is gas actually connected? <u>Yes</u> When <u>5-28-67</u>

If this production is commingled with that from any other lease or pool, give commingling order number: **EFFECTIVE JANUARY 31, 1977, SKELLY OIL COMPANY MERGED INTO GETTY OIL COMPANY.**

**IV. COMPLETION DATA**

Designate Type of Completion - <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deeper <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Well <input type="checkbox"/> Different Well <input type="checkbox"/>	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.S.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	Depth Casing Shoe
Perforations				
TUBING, CASING, AND CEMENTING RECORD				
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	

**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 exceed 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 - MCF
<b>GAS WELL</b>		Ebls. Condensate/MWCF	
Actual Prod. Test - MCF/D	Length of Test	Gravity of Condensate	
Testing Method (pilot, back pr.)	Tubing Pressure (psig-24)	Casing Pressure (psig-24)	Choke Size

**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.

B. Olive Wood  
(Signature)  
Partner  
(Title)  
July 1, 1971  
(Date)

OIL CONSERVATION COMMISSION

APPROVED AUG 11 1971

BY [Signature]

TITLE **SUPERVISOR DISTRICT I**

This form is to be filed in accordance with RULE 1103.  
If this is a request for authorization for a newly drilled or deepened well, this form must be accompanied by a tabulation of the completion tests taken on the well in accordance with RULE 111.  
All sections of the well must be filled out completely for allowable on new and recompleted wells.  
Fill out only Sections 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 multiple completed wells.

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AUG 21 1971

OIL CONSERVATION BOARD  
WASHINGTON, D.C.