

COPIES RECEIVED		
DISTRIBUTION		
FE		
S.		
OFFICE		
TRANSPORTER	OIL	
	GAS	
RATOR		
ORATION OFFICE		
ator		

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

Skelly Oil Company
P. O. Box 130 - Hobbs, New Mexico 88240
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐
Recompletion ☐ Casinghead Gas ☐ Condensate ☐
Change in Ownership ☒ Other (Please explain)
Change of lease name from
Lea State 263 Well #3
effective June 1, 1969
If change of ownership give name and address of previous owner Atlantic Richfield Co., P. O. Box 1920, Hobbs, New Mexico 88240

DESCRIPTION OF WELL AND LEASE
Lease Name West Dollardside Well No. 80 Pool Name, Including Formation Dollardside Tubb Drickard Kind of Lease State, Federal or Fee State Lease No. 263
Location
Unit Letter A 330 Feet From The North Line and 330 Feet From The East
Line of Section 6 Township 25S Range 38E, NMPM, Lea 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)
Texas New Mexico Pipeline Company P. O. Box 1510 - Midland Texas 79701
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 P. O. Box 1402 - El Paso Texas 79903
If well produces oil or liquids, give location of tanks. Unit A Sec. 6 Twp. 25S Rge. 38E Is gas actually connected? Yes When

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 Total Depth P.B.T.D.
Elevations (DF, RI) ILLEGIBLE Top Oil/Gas Pay Tubing Depth
Perforations Depth Casing Shoe
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

GAS WELL
Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate
Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) 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.
(ORIGINAL SIGNED) V. E. FLETCHER
District Production Manager
June 9, 1969
OIL CONSERVATION COMMISSION
APPROVED BY 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 own well name or number, or transporter, or other such change of conditions.
Separate Forms C-104 must be filed for each pool in completed wells.

(ORIGINAL)
SIGNED
V. E. WATKINS

11-11-68