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TRANSPORTER	OIL
	GAS
OPERATOR	
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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

Operator Skelly Oil Company	CASINGHEAD GAS MUST NOT BE FLAMED AFTER 5/13/76 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.
Address P. O. Box 1351, Midland, Texas 79701	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Request temporary approval to commingle production with commingled Fusselman and Ellenburger production approved by Administrative Order PLC-11 dated Aug. 4, 1964.
Recompletion <input checked="" type="checkbox"/>	
Change In Ownership <input type="checkbox"/>	
Change In Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of ownership give name and address of previous owner _____	

Lease Name Mexico "J"	Well No. 5	Pool Name, Including Formation Dollarhide Devonian	Kind of Lease State, Federal or Fee State	Lease No. B-9311
Location Unit Letter L ; 1980 Feet From The South Line and 660 Feet From The West Line of Section 32 Township 24S Range 38E , NMPM, Lea County				

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)		
Texas New Mexico Pipe Line Company		P. O. Box 1510, Midland, Texas 79701		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)		
El Paso Natural Gas Company		P. O. Box 1492, El Paso, Texas 79910		
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 5	Twp. 25S	Rge. 38E
			Is gas actually connected? No	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.
		<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Date Spudded 3-10-76	Plug back	Date Compl. Ready to Prod. 3-13-76		Total Depth 8745'		P.B.T.D. 7838'			
Elevations (DF, RKB, RT, GR, etc.) 3157' DF		Name of Producing Formation Devonian		Top Oil/Gas Pay 7700'		Tubing Depth 7505			
Perforations 7700-7807'						Depth Casing Shoe 8745'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET		SACKS CEMENT			
18"	13-3/8" OD			250'		250 sacks			
12-1/4"	9-5/8" OD			3150'		1800 sacks			
7-7/8"	5-1/2" OD			8745'		1294 sacks			
	2-7/8" OD			7505'					

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 3-13-76	Date of Test 3-16-76	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs.	Tubing Pressure 380#	Casing Pressure ---	Choke Size 17/64"
Actual Prod. During Test 110	Oil - Bbls. 110	Water - Bbls. 2 load	Gas - MCF 201

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.

(SIGNED) LELAND FRANZ Leland Franz
(Signature)

District Production Manager
(Title)

March 19, 1976
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY John W. Penyan

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.