

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	
PRORATION OFFICE	

I. Operator

SKELTON OIL COMPANY

Address

P.O. BOX 840 HOBBS, NEW MEX. 88240

Reason(s) for filing (Check proper box) Other (Please explain)

New Well ☐ Change In Transporter of:

Recompletion ☐ Oil ☐ Dry Gas ☐

Change In Ownership ☒ Casinghead Gas ☐ Condensate ☐

CHANGE OF OPERATOR

If change of ownership give name and address of previous owner **GENERAL PETROLEUM, INC. P.O. BOX 840 HOBBS, NEW MEX. 88240**

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Z. Taylor	4	Gladiola Devonian	State, Federal or Fee	Fee

Location

Unit Letter **H**; **1980** Feet From The **North** Line and **660** Feet From The **East**

Line of Section **7** Township **12-S** Range **38-E**, NMPM, **Lee** County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

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)
Mobil Pipeline Company	P.O. Box 900 Dallas, Texas
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Warren Petroleum Corporation	P.O. Box 1589 Tulsa, Oklahoma

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	B	7	12-S	38-E	Yes	July 1953

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.
X								

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
5/20/57	7/24/57	12030	

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
3881(DF) 3868(GR)	Devonian	12008	12008

Perforations	Depth Casing Shoe
12008 12028	12029

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13 3/8	374	400
11	8 5/8	4499	1396
7 7/8	5 1/2	12029	300

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 (pilot, 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.

George G. Gardner
(Signature)

Office Manager
(Title)

Dec 31, 74
(Date)

OIL CONSERVATION COMMISSION

FEB 28 1977

APPROVED _____, IS

BY _____

TITLE _____

This form is to be filed in compliance with RULE 1103.

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.