

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

Operator Wood, McShane & Thams 692, Ltd.		
Address P. O. Box 968, Monahans, Texas 79756		
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

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 New Mexico M State	Well No. 4	Pool Name, including Formation Langlie Mattix	Kind of Lease State, Federal or Fee State	Lease No. B-934
Location Unit Letter C ; 660 Feet From The North Line and 1980 Feet From The West Line of Section 19 Township 22-S Range 37-E , NMPM, Lea 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"/> Texas New Mexico Pipe Line Company	Address (Give address to which approved copy of this form is to be sent) Box 1510, Midland, Texas					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Skelly Oil Company	Address (Give address to which approved copy of this form is to be sent) Eunice, New Mexico					
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 29	Twp. 22-S	Rge. 37-E	Is gas actually connected? Yes	When 5-28-61

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 SKELLY OIL COMPANY, Inc.

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Other
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			
Perforations					Depth Casing Show	
TUBING, CASING, AND CEMENTING RECORD						
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	BACKS 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 (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.


(Signature)

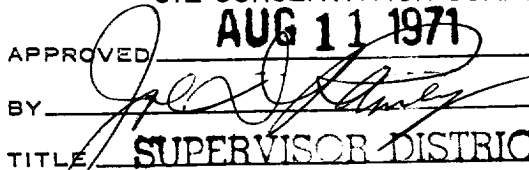
Partner

(Title)

July 1, 1971

(Date)

OIL CONSERVATION COMMISSION

APPROVED **AUG 11 1971**, 19____
BY 
TITLE **SUPERVISOR DISTRICT I**

This form is to be filed in compliance with RC _____.

If this is a request for allowable for a newly drilled or reopened well, this form must be accompanied by a tabulation of production 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.

1980

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OIL CONSERVATION COMM.
HOUSTON, TEXAS