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

Operator <b>Skelly Oil Company</b>	
Address <b>P. O. Box 1351, Midland, Texas 79701</b>	
Reason(s) for filing (Check proper box)	Other (Please explain) <b>Formerly an injection well. Converted to producing test well.</b>
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	

If change of ownership give name and address of previous owner \_\_\_\_\_

**I. DESCRIPTION OF WELL AND LEASE**

Lease Name <b>W. Dollarhide Queen Sd. Ut. 15</b>	Well No.	Pool Name, including Formation <b>Dollarhide-Queen</b>	Kind of Lease State, Federal or Fee <b>Federal LC-06798</b>	Lease No.
Location Unit Letter <b>I</b> ; <b>1650</b> Feet From The <b>South</b> Line and <b>510</b> Feet From The <b>East</b> Line of Section <b>30</b> Township <b>24S</b> Range <b>38E</b> , NMPM, <b>Lea</b> County				

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

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>Texas-New Mexico Pipe Line Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 1510, Midland, Texas 79701</b>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Skelly Oil Company (Lease Use)</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 1351, Midland, Texas 79701</b>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When <b>L 32 24S 38E Yes 3-30-73</b>

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

**V. COMPLETION DATA**

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date <del>started</del> <b>commenced</b> <b>3-22-73</b>	Date Compl. Ready to Prod. <b>3-30-73</b>	Total Depth <b>3806'</b>	P.B.T.D. <b>3806'</b>					
Elevations (DF, RKB, RT, GR, etc.) <b>3176' DF</b>	Name of Producing Formation <b>Queen Sand</b>	Top Oil/Gas Pay <b>3649'</b>	Tubing Depth <b>3686'</b>					
Perforations <b>Open hole 3629-3806'</b>	Depth Casing Shoe <b>3629'</b>							

**TUBING, CASING, AND CEMENTING RECORD**

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<b>12-1/4"</b>	<b>9-5/8" casing</b>	<b>289'</b>	<b>325</b>
<b>8-3/4"</b>	<b>7" casing</b>	<b>3629'</b>	<b>1669</b>
<b>-----</b>	<b>2-3/8" tubing</b>	<b>3686'</b>	<b>-----</b>

**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 <b>3-23-73</b>	Date of Test <b>3-30-73</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Pumping</b>	
Length of Test <b>24 hours</b>	Tubing Pressure <b>---</b>	Casing Pressure <b>---</b>	Choke Size <b>---</b>
Actual Prod. During Test	Oil - Bbls. <b>2</b>	Water - Bbls. <b>219</b>	Gas - MCF <b>.2</b>

**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.

C. J. Love  
(Signature)  
District Production Manager  
(Title)  
April 12, 1973  
(Date)

**OIL CONSERVATION COMMISSION**

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY [Signature]  
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.