Submit 5 Copies
Appropriate District Office
DISTRIC: 1
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

State of New Mexico Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

J N 3 4 1097 at Bottom of Page

C. C. D. APTESIA OFFICE

Reaces() for Filing (Check proper box) Change in Transporter of EFFECTIVE 6-1-91	DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410	REQUES	ST FOR	R AL	TOWA	BLE AND	AUTHORI		TROM OFF	ICF		
Texaco Exploration and Production Inc. Address Address P. O. Box 730 Hobbs, New Mexico 88240-2528 Razacoto for Filing (Check proper bas) New Wall Recomplaine Oil Change is Transporter of Caninghead Condensate If Change of operator give name Texaco Producting Inc. P. O. Box 730 Hobbs, New Mexico 88240-2528 II Change is Operator give name Texaco Producting Inc. P. O. Box 730 Hobbs, New Mexico 88240-2528 II DESCRIPTION OF WELL AND LEASE Lasse Name The Strip Condensate Lasse Name Texaco Producting Inc. P. O. Box 730 Hobbs, New Mexico 88240-2528 II DESCRIPTION OF WELL AND LEASE Lasse Name Until Latter N		TO	TRAN	ISPO	ORT OIL	AND NA	TURAL G					
P. O. BOX 730 HOBDS. New Mexico 88240-2528 Reason(s) for Filling (Cheet proper box) Now Well Change in Opentor Codespand Considerable Continuence of Change in Opentor Codespand Codespa							i i					
Reaceasing for Filling (Check proper boad) New Well Recomplation Change in Transporter of No. 1 PRA Section 15 Township 17S Range 31E NNFM, EDDY County III. DESCRIPTION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil PRA Name of Authorized Transporter of Oil PRA If well produces oil or liquide, Unit Sec. Twp. Rgs. is gas actually consected? When 7 pick is sent) If well produces oil or liquide, Unit Sec. Twp. Rgs. is gas actually consected? When 7 pick is sent of the Service of Oil PRA If well produces oil or liquide, Unit Sec. Twp. Rgs. is gas actually consected? When 7 pick is sent of the Service of Oil PRA If well produces oil or liquide, Unit Sec. Twp. Rgs. is gas actually consected? When 7 pick is sent of the Service of Oil PRA If well produces oil or liquide, Unit Sec. Twp. Rgs. is gas actually consected? When 7 pick is sent of the Service of Oil PRA If well produces oil or liquide, Unit Sec. Twp. Rgs. is gas actually consected? When 7 pick is sent of the Service of Oil PRA If well produces oil or liquide, Unit Sec. Twp. Rgs. is gas actually consected? When 7 pick is sent of the Service of Oil PRA If well produces oil or liquide, Unit Sec. Twp. Rgs. is gas actually consected? When 7 pick is sent of the Service of Oil PRA If well produces oil or liquide, Unit Sec. Twp. Rgs. is gas actually consected? When 7 pick is sent of the Service of Oil PRA If well produces oil or liquide, Unit Sec. Twp. Rgs. is gas actually consected? When 7 pick is sent of the Service of Oil PRA If well	Address											
New Well Completion Col Dry Co. Col Dry Col Dry Col Caninghead Gas Condensate H Change of Operator Example of Col Condensate H Change of Operator (S. Condensate Condensate Condensate Colores of Operator (S. Condensate Condensa		v Mexico 8	<u> 8240-</u>	252	8	77 ou	(2)					
Recomplistics Catinghead Catinghe	· [~	in T-			_						
Case is Operator E Casinghead Gas Condensate It was of operator operator of the case of				-		Er	PECTIVE 0	- 1-31				
If dange of operator give state If exact Producing Inc. P. O. Box 730 Hobbs, New Mexico 88240-2528 If DESCRIPTION OF WELL AND LEASE Lease Name SKELLY UNIT I PERN PENN. (GAS) FREN PENN. (GAS) Location Unit Letter N 660 Foot From The SOUTH Line and 1980 Foot From The WEST Line Section 15 Township 17S Range 31E ,NMPM, EDDY 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) PRA If well produces oil or liquids, but the previous of this prevail of this preduction to correction of the prevail of this preduction is corruingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Designate Type of Completion - (X) Date Specified Date Compl. Ready to Prod. TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT Date From the WEST Line Lease Na. Kind of Lease Kind of Lease Kind of Lease Kind of Lease Read Casing Freezure Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) PRA If well produces oil or liquids, If well produces oil or liquids, If well produces of unlate. When 7 When 7 When 7 FREN PENN. Convert Deepen Plug Back Same Reav Diff Reav Date Gran Well New Well Workover Deepen Plug Back Same Reav Diff Reav Date Specified Date Compl. Ready to Prod. TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT Chick Size CASING & TUBING SIZE Casing Pressure Casing Pressure Chick Size Gas- MCF Liage of Test Chick Size Gas- MCF Liage Gas- MCF Liage Casing Pressure Casing Pressure Casing Pressure Casing Pressure Casing Pressure	• (7)	~	_	-	_							
IL DESCRIPTION OF WELL AND LEASE Lease Name SKELLY UNIT 1 FRON Name, Including Formation SKELLY UNIT 1 FRON Name, Including Formation SKELLY UNIT 1 FRON Name, Including Formation SKELLY UNIT Line and 1980 Feet From The WEST Line Section 15 Township 17S Range 31E NMPM, EDDY 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) PRA If well produces oil or liquids, Unit Sec. Twp. Rge. Is gas actually connected? When 7 W	If change of operator give name					x 730	Hobbs, Ne	w Mexico	88240-2	2528		
Lease Name SKELLY UNIT		ANDIEACI	?					, <u>-</u> -:				
Location	sase Name Well No. Pool Name, Includi					(CAC) State, I			Federal or Fed	Federal or Fee 685460		
Unit Letter N : 660 Feet From The SOUTH Line and 1980 Feet From The WEST Line Section 15 Township 17S Range 31E , NMFM, EDDY County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil				NEI	PENN.	(GAS)		IFEDE	ERAL			
Name of Authorized Transporter of Oil or Condensate of Authorized Transporter of Oil or Condensate or Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) PRA If well produces oil or liquids, private 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' Diff Res'v Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D. Elevations (DF, RKB, KT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth Perforations DEPTH SET SACKS CEMENT V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Gest 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 Tank Date of Test Producing Producing Producing Producing Producing Producing Method (Flow, pump, gas lift, etc.) Gas WELL Gas WELL Gas WELL Gas WELL Actual Prod. During Test Oil - Bbis. Water - Bbis. Gas-MCF Child Off	N	:660	F	eet Fr	om The SC	OUTH Lin	e and198	0 Fe	set From The	WEST	Line	
Name of Authorized Transporter of Casinghead Gas	Section 15 Township	178	R	ange	31E	,N	мрм,		EDDY		County	
Name of Authorized Transporter of Cil	III. DESIGNATION OF TRANS	SPORTER (OF OIL	AN	D NATI	RAL GAS						
If well production of liquide, jive location of tanks. If this production of tanks. 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) Date Compl. Ready to Prod. Date Spudded Date Compl. Ready to Prod. Date Spudded Date Compl. Ready to Prod. Designate Type of Completion - (X) Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D. Top Oil/Gas Pay Tubing Depth Perforations 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 Tank Date of Test Tubing Pressure Casing Pressure Choke Size Choke Size Gas-MCF HAGE GAS WELL GAS WELL GAS WELL GAS WELL CASING Test Casing Pressure Choke Size Choke Size Gas-MCF Casing Pressure Choke Size Gas-MCF Casing Pressure Choke Size Choke Size Casing Pressure Choke Size Choke Siz	Name of Authorized Transporter of Oil						e address to w	hich approved	copy of this f	orm is to be se	ent)	
If this production is comminged with that from any other lease or pool, give comminging order number: IV. COMPLETION DATA Designate Type of Completion - (X) Date Compl. Ready to Prod. Date Spudded Date Compl. Ready to Prod. Date Spudded Date Compl. Ready to Prod. Date Spudded Date Completion - (X) Name of Producing Formation Total Depth P.B.T.D. Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oll/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 Tank Date of Test Tubing Pressure Casing Pressure Choke Size							Address (Give address to which approved copy of this form is to be sent)					
Designate Type of Completion - (X) Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D. Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation 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 Tank Date of Test Tubing Pressure Casing Pressure Choke Size Gas-MCF July Office July Office Gas-MCF July Office Gas-M		Unit Sec. Twp. Rge.				is gas actuali	y connected?	When	?			
Designate Type of Completion - (X) Date Compl. Ready to Prod. Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D. 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 Tank Date of Test Tubing Pressure Casing Pressure Choke Size Gas- MCF Plag OF GAS WELL Oil - Bbls. Water - Bbls. Deepen Prog Workover Deepen Prog Back Same Res' Diff Res' DIff Res' DIff Res' DIff Res' Defth Casing Pressure Deepen Prog Back Same Res' Diff Res' DIff Res' DIff Res' DATE PROJUCIAN Tubing Depth Depth Casing Shoe Tubing Depth Depth Casing Shoe DEPTH SET SACKS CEMENT SACKS CEMENT Casing Pressure Choke Size Choke Size Gas- MCF Plag OF GAS WELL GAS WELL		rom any other k	sase or pos	ol, giv	ve comming	ling order num	ber:					
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth 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 Tank Date of Test Producing Method (Flow, pump, gas lift, etc.) Length of Test Tubing Pressure Casing Pressure Choke Size		(X)	il Well	7	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Perforations 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 Tank Date of Test Producing Method (Flow, pump, gas lift, etc.) Leagth of Test Tubing Pressure Casing Pressure Choke Size Gas-MCF Ligg OF GAS WELL CASING SHOULD CHART CONDITIONS Case MCF Class CEMENT SACKS CEMENT SACKS CEMENT SACKS CEMENT SACKS CEMENT CASING SHOULD CHART CONDITIONS CASING SIZE CASING STORY Choke Size Gas-MCF Choke Size Gas-MCF Class Conditions GAS WELL	Date Spudded	Date Compl. R	eady to Pr	rod.		Total Depth	A		P.B.T.D.		<u> </u>	
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 Tank Date of Test Producing Method (Flow, pump, gas lift, etc.) Leagth of Test Tubing Pressure Casing Pressure Choke Size Cas-MCF Cas-MCF CAS WELL Gas-MCF CAS WELL	Elevations (DF, RKB, RT, GR, etc.)	evations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Pay		Tubing Depth			
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 Tank Date of Test Producing Method (Flow, pump, gas lift, etc.) Length of Test Tubing Pressure Casing Pressure Choke Size Choke S	reforations					<u> </u>			Depth Casin	Depth Casing Shoe		
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 Tank Date of Test Producing Method (Flow, pump, gas lift, etc.) Length of Test Tubing Pressure Casing Pressure Choke Size Choke S		TUE	SING. C	ASI	NG AND	CEMENTI	NG RECOR	RD.	1			
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 Tank Date of Test Producing Method (Flow, pump, gas lift, etc.) Length of Test Tubing Pressure Casing Pressure Choke Size 6-7-9/ Actual Prod. During Test Oil - Bbls. Water - Bbls. Gas- MCF 4 lig 0 P	HOLE SIZE									SACKS CEMENT		
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 Tank Date of Test Producing Method (Flow, pump, gas lift, etc.) Length of Test Tubing Pressure Casing Pressure Choke Size Choke Size												
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 Tank Date of Test Producing Method (Flow, pump, gas lift, etc.) Length of Test Tubing Pressure Casing Pressure Choke Size Choke Size												
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 Tank Date of Test Tubing Pressure Casing Pressure Choke Size C											· · · · · · · · · · · · · · · · · · ·	
Date First New Oil Run To Tank Date of Test Producing Method (Flow, pump, gas lift, etc.) Length of Test Tubing Pressure Casing Pressure Choke Size Choke S					all and	. .		awakla fa- at	la dansk on too	fan 6.31 24 ben	1	
Actual Prod. During Test Oil - Bbls. Water - Bbls. Gas- MCF & Mg UP GAS WELL		·	volume of	1000	ou ana musi							
Actual Prod. During Test Oil - Bbls. Water - Bbls. Gas- MCF & Mg UP GAS WELL									(S-1 C'-	Postes	110-3	
Actual Prod. During Test Oil - Bbls. Water - Bbls. Gas- MCF & Mg UP GAS WELL	Length of Test	Tubing Pressur	e			Casing Press				6-	7-91	
	Actual Prod. During Test	Oil - Bbls.				Water - Bbis	Water - Bbis.			GAS-MCF TING UP		
	GAS WELL					1			*			
	Actual Prod. Test - MCF/D	Length of Test							Gravity of C	Gravity of Condensate		
Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Press	Casing Pressure (Shut-in)			Choke Size		
VI. OPERATOR CERTIFICATE OF COMPLIANCE	VI. OPERATOR CERTIFICA	ATE OF C	OMPL	IAN	NCE		OIL OO:	1055	ATION			
I hereby certify that the rules and regulations of the Oil Conservation							OIL CONSERVATION DIVISION					
	Division have been complied with and that the information given above							,	JUN - 4	1201		
is true and complete to the best of my knowledge and belief. Date Approved	is true and complete to the best of my k	nowledge and b	elief.			Date	Approve	ed				
2. M. Willer ORIGINAL SIGNED BY	Z.M. Willer					ORIGINAL SIGNED BY						
K. M. Miller Div. Opers. Engr. SUPERVISOR, DISTRICT !	K. M. Miller Div. Opers. Engr.						SUPERVISOR, DISTRICT IT					
Title Title	May 7, 1991		915-68	8-4		Title						

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.