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Skelly Oil Company

Address
P.O. Box 730, Hobbs, NM 88240

Reason(s) for filing (Check proper box)

New Well	[ ]	Change in Transporter of:	
Recompletion	[X]	Oil	[ ] Dry Gas [ ]
Change in Ownership	[ ]	Casinghead Gas	[ ] Condensate [ ]

Other (Please explain)
Down Hole Commingled Grayburg Jackson - Fren 7-Rivers

If change of ownership give name and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Skelly Unit	11	Grayburg Jackson-Fren 7-Rivers	State, Federal or Fee Federal	LC-029420

Location
Unit Letter I : 1980 Feet From The South Line and 660 Feet From The East
Line of Section 21 Township 17S Range 31E, NMPM, Eddy County

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil XX or Condensate [ ]	Address (Give address to which approved copy of this form is to be sent)
Texas New Mexico Pipeline Company	P.O. Box 1510, Midland, TX 79702
Name of Authorized Transporter of Casinghead Gas XX or Dry Gas [ ]	Address (Give address to which approved copy of this form is to be sent)
Continental Oil Company	P.O. Box 2197, Houston, TX 77001

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	H	28	17S	31E	Yes	Unknown

If this production is commingled with that from any other lease or pool, give commingling order number: R-7429

III. COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Resv.
	X			X				

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
-	2/10/84	-	3590
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
3822' DF	Fren 7-Rivers-Grayburg Jackson	2217	3464
Perforations			**Depth Casing Shoe**
2217-2330, 4 shots /ft 3092-3399 1 shot /ft & 3358-3493 4 shots /ft = 397 holes			-

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
18"	13 3/8	207'	225 sxs
11	8 5/8	3605'	1900 sxs

IV. TEST DATA AND REQUEST FOR ALLOWABLE

(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)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
2/7/84	2/17/84	Pumping	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24 hours			N
Actual Prod. During Test	**Oil-Bbls.**	**Water-Bbls.**	**Gas-MCF**
50 BO	~~50~~ 113 BO	170 105	- 63

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**

V. CERTIFICATE OF COMPLIANCE

pws

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Donald J. Stannard for Dale R. Crockett
(Signature)
Area Superintendent
(Title)
February 21, 1984
(Date)

OIL CONSERVATION DIVISION

APPROVED MAY 2 8 1984, 19
BY Original Signed By Leslie A. Clements
TITLE Supervisor District II

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.