

1-NOCD-Artesia
1-File
1-Engr. PWS
1-Foreman EF
1-JA 1-OP, 1-SH

Eddy Oil Company

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

Transporter (check box) (check proper box)

New Well ☐ Change in Transporter of:
Recompletion ☒ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Castinhead Gas ☐ Condensate ☐

Other (please explain)

Down Hole Commingled Grayburg Jackson -
Fren 7-Rivers

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Skelly Unit	Well No. 11	Pool Name, including Formation Grayburg Jackson-Fren 7-Rivers	Kind of Lease State, Federal or Fee Federal	Lease No. LC-029420
Location Unit Letter <u>I</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>East</u> Line of Section <u>21</u> Township <u>17S</u> Range <u>31E</u> , NMPM, <u>Eddy</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Texas New Mexico Pipeline Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1510, Midland, TX 79702					
Name of Authorized Transporter of Castinhead Gas ☒ or Dry Gas ☐ Continental Oil Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2197, Houston, TX 77001					
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 28	Twp. 17S	Rge. 31E	Is gas actually connected? Yes	When Unknown

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil well ☒ Gas well ☐ New Well ☐ Workover ☒ Deepen ☐ Plug Back ☐ Same Res'v. ☐ Diff. Res'v. ☐		
Date Spudded -	Date Compl. Ready to Prod. 2/10/84	Total Depth -	P.B.T.D. 3590
Elevations (DF, RKB, RT, GR, etc.) 3822' DF	Name of Producing Formation Fren 7-Rivers-Grayburg Jackson	Top Oil/Gas Pay 2217	Tubing Depth 3464
Perforations 2217-2330, 4 shots /ft 3092-3399 1 shot /ft & 3358-3493 4 shots /ft		= 397 holes Depth Casing Shoe -	
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

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)

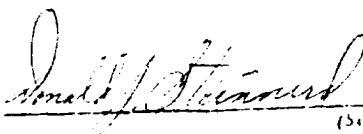
Date First New Oil Run To Tanks 2/7/84	Date of Test 2/17/84	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hours	Tubing Pressure	Casing Pressure	Choke Size (X)
Actual Prod. During Test 50 BO	Oil-Bbls. <u>113</u> 50 BO	Water-Bbls. <u>170</u> 105	Gas-MCF - 63

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

CERTIFICATE OF COMPLIANCE

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.


Dale R. Crockett
(Signature)
Area Superintendent
(Title)
February 21, 1984
(Date)

OIL CONSERVATION DIVISION

APPROVED MAY 28 1984, 19

Original Signed By
BY Leslie A. Clements
Supervisor District II

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 logs taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and completed wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or location, or transportation of other such change of conditions.
Separate Forms C-104 must be filed for each pool in multiply completed wells.