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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION 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

I. Operator  
**Skelly Oil Company**  
Address  
**Box 730, Hobbs, New Mexico**  
Reason(s) for filing (Check proper box) Other (Please explain, \_\_\_\_\_)  
New Well ☐ Change in Transporter of: \_\_\_\_\_  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Highest Gas ☐ Condensate ☐ **Change Lease Name & Well No.**

If change of ownership give name and address of previous owner \_\_\_\_\_  
Well formerly known as \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE **Skelly Oil Company 's - Dow "B" Well No. 14**  
Lease Name **Skelly Unit** Well No. **16** Pool Name, Including Formation **Fren Seven Rivers** Kind of Lease **Federal** Lease No. \_\_\_\_\_  
Location  
Unit Letter **"N"** Section **660** Feet from The **South** Line and **1980** Feet from The **West** Line  
Line of Section **21** Township **17-S** Range **31-E** N.M.P.M. **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) **Box 1510 - Midland, Texas**  
**Texas - New Mexico Pipe Line Company**  
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas \_\_\_\_\_ Address (Give address to which approved copy of this form is to be sent) **Box 1135 - Eunice, New Mexico**  
**Skelly Oil Company - Haljamar Plant**  
If well produces oil or liquids, give location of tanks. **D 21 17S 31E Yes June 1, 1960**  
Is gas initially connected? **Yes** When \_\_\_\_\_

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

IV. COMPLETION DATA  
Designate Type of Completion - **(A)**  
Date Spudded \_\_\_\_\_ Date Started 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 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 (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.

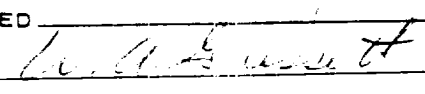
  
(Signature)  
**District Superintendent**

**January 24, 1967**

(Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY 

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.