

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

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

I. Operator
Skelly Oil Company
Address
Box 730, Hobbs, New Mexico
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐
Recompletion ☐ Gas/Liquid Gas ☐ Condensate ☐
Change in Ownership ☐ Other (Please explain)
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. 16**
Lease Name **Skelly Unit** Well No. **5** Well Name, Including Formation **Fren Seven Rivers** Kind of Lease **Federal** Lease No.
Location
Unit Letter **"C"** **330** Feet From Line **North** Line and **1650** Feet From The **West**
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)
Texas - New Mexico Pipe Line Company **Box 1510 - Midland, Texas**
Name of Authorized Transporter of Gas/Liquid Gas ☒ or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent)
Skelly Oil Company - Maljamar Plant **Box 1135 - Eunice, New Mexico**
If well produces oil or liquids, give location of tanks. Unit **D** Sec. **21** Twp. **17S** Rge. **31E** Is or was it connected? **Yes** When **June 1, 1960**

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

IV. COMPLETION DATA
Designate Type of Completion - ☒ Well ☐ Gas Well ☐ New Well ☐ Workover ☐ Deepen ☐ Plug Back ☐ Same Res'ty. ☐ Diff. Res'ty.
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 Day 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.
A. E. Galt District Superintendent
January 24, 1967 (Date)
OIL CONSERVATION COMMISSION
APPROVED **1967**, 19
BY **W. H. Gussert**
TITLE **General Manager**
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.