NEW MEXICO OIL CONSERVATION COMMISSION

TENTH & DALLAS STREETS
ARTESIA, NEW MEXICO

February, 1965

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No	n	4 7	

SUPPLEMENT TO THE OIL PRORATION SCHEDULE

DATE	2/8/65	***********				
PURPOSE:_	ALLOWABLE ASSIG	ment (Ne)	i well)			
	Effective 2/1/65 an allowable of 40 barrels of oil					
	per day or a total of 1120 barrels for the month is hereby assigned to the Skelly Oil Co., Dow B #39-G, 21-17-31, Grayburg Jackson Pool.					
	MLA/jw		OIL CONSERVATION COMM	ISSION		
	Skelly Oil Co.,		OIL CONSERVITION COMM	1551014		
	THE F	√ <u> </u>	SUPERVISOR, DISTRICT NO. 2			
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DISTRIBUTION		CONSERVATION COMMISSION	Form. C-104
SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-17 Effective 1-1-65
U.S.G.S.	ALITUODIZATION TO TO	AND	
LAND OFFICE	AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL	GAS
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GAS GAS	:		
OPERATOR			
PRORATION OFFICE			
	il Company		
Box 730	- Hobbs, New Mexico		RECEIVED
Reason's) for filing (Check proper b		Other (Please explain)	
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If change of ownership give name and address of previous owner			ARTESIA, OFFICE
and uniters of previous owner			
. DESCRIPTION OF WELL AN	D LEASE	ame, Including Formation	Kind of Lease
. Deeme II me	Gra.	yburg Jackson Poel yburg & San Andres	State, Federal or Fee
Dew "B"	39 Gra	burg & San Andres	Federal
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Line of Section 21 , 5	Township 17-S Range 3	LE , NMPM,	Eddy County
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. DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL G	AC	
	Cul CH en Condengate	Address (Cive address to which ann	roved copy of this form is to be sent!
Name of Authorized Transporter of (Cil or Condensate	Address (Give address to which app	roved copy of this form is to be sent)
Mame of Authorized Transporter of C Texas-New Hexico Pi Hame of Authorized Transporter of	Oil Condensate	Address (Give address to which app	roved copy of this form is to be sent) Texas roved copy of this form is to be sent)
Mame of Authorized Transporter of Care New Hexico Pi	Oil Condensate	Box 1510 - Hidland, Address (Give address to which app	Texas roved copy of this form is to be sent)
Name of Authorized Transporter of C	Oil Condensate	Address (Give address to which app	Texas roved copy of this form is to be sent)
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Name of Authorized Transporter of Texas-New Mexico Piculation of Authorized Transporter of Skelly Oil Gemplay If well production is commingled COMPLETION DATA Designate Type of Comple Total Spraided March 6, 1962 Total Spraided March 6, 1962 Total Spraided Harch 6, 1968 Total Spraided Hole Size 12-1/4* 7-7/8* TEST DATA AND REQUEST OIL WELL Date First New Oil Run To Tanks January 30, 1965 Length of Test 23 hours Actual Prod. During Test 138 GAS WELL	cit	Address (Give address to which app Box 1510 — Hidland Address (Give address to which app Box 38 — Loco Hills, Is gas actually connected? Yes, give commingling order number: New Well Workover Deepen XX Total Depth 5001 Top Oil/Gas Pay 3267! alled at a later date Pressure Plug 10 CEMENTING RECORD DEPTH SET 609! 4997! 3251! after recovery of total volume of load of lepth or be for full 24 hours) Producing Method (Flow, pump, gas Flowing Casing Pressure 7506 Water-Bbls. 0	Plug Back Same Res'v. Diff. Res'v. Plug Back Same Res'v. Diff. Res'v. P.B.T.D. Tubing Depth 32511 Depth Casing Shoe 4997! SACKS CEMENT 400 825 il and must be equal to or exceed top allow lift, etc.) Choke Size 18/64* & 20/64* Gas-MCF 311

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.

(PRIGINAL) H. E. Anb

(Signature) **Dist. Supt.**(Title)

February 5, 1965

FED 6 1000

APPROVED	FR 8 \ 1962	, 19
	Unistrong	,
	AND GAS INSPECTOR	

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 Sections I, II, III, and VI only 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