

NO. OF COPIES RECEIVED		5
DISTRIBUTION		
SANTA FE		1
FILE		1
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	1
	GAS	1
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  
**RECEIVED**

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

OCT 20 1972

I. Operator **Skelly Oil Company** **O. C. C.**  
Address **P. O. Box 1351, Midland, Texas 79701** **ARTESIA, OFFICE**  
Reason(s) for filing (Check proper box) Other (Please explain)  
New Well ☒ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Lea "C"</b>	Well No. <b>14</b>	Pool Name, including Formation <b>Grayburg-Jackson</b>	Kind of Lease State, Federal or Fee <b>Fed. LC-029418(b)</b>	Lease No.
Location Unit Letter <b>I</b> ; <b>660</b> Feet From The <b>East</b> Line and <b>1980</b> Feet From The <b>Southh</b> Line of Section <b>11</b> Township <b>17S</b> Range <b>31E</b> , NMPM, <b>Eddy</b> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>Texas-New Mexico Pipe Line Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 1510, Midland, Texas 79701</b>					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Continental Oil Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 2197, Houston, Texas 77002</b>					
If well produces oil or liquids, give location of tanks.	Unit <b>F</b>	Sec. <b>11</b>	Twp. <b>17S</b>	Rge. <b>31E</b>	Is gas actually connected? <b>Yes</b>	When <b>Sept. 2, 1972</b>

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Rest'v.	Diff. Rest'v.
Date Spudded <b>July 30, 1972</b>	Date Compl. Ready to Prod. <b>Sept. 2, 1972</b>		Total Depth <b>4020'</b>		P.B.T.D. <b>3988'</b>			
Elevations (DF, RKB, RT, GR, etc.) <b>3954' GR</b>	Name of Producing Formation <b>Grayburg-San Andres</b>		Top Oil/Gas Pay <b>3429'</b>		Tubing Depth <b>3561'</b>			
Perforations <b>3429-3697' and 3748-3987'</b> <b>Grayburg-San Andres (36 shots)</b>					Depth Casing Shoe <b>4020'</b>			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<b>11"</b>	<b>8-5/8" OD</b>		<b>652'</b>		<b>350</b>			
<b>7-7/8"</b>	<b>5-1/2" OD</b>		<b>4020'</b>		<b>1100</b>			
<b>----</b>	<b>2-7/8" OD</b>		<b>3561'</b>		<b>None</b>			

V. 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)

Date First New Oil Run To Tanks <b>Sept. 2, 1972</b>	Date of Test <b>Sept. 22, 1972</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Pumping</b>	
Length of Test <b>24 hours</b>	Tubing Pressure <b>-----</b>	Casing Pressure <b>-----</b>	Choke Size <b>-----</b>
Actual Prod. During Test	Oil-Bbls. <b>13</b>	Water-Bbls. <b>5</b>	Gas-MCF <b>8</b>

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.

(Signed) **C. J. Love**

**C. J. Love**

(Signature)

**District Production Manager**

(Title)

**October 17, 1972**

(Date)

OIL CONSERVATION COMMISSION

OCT 20 1972

APPROVED

BY

TITLE **OIL 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 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

DEVIATION AFFIDAVIT  
Date October 17, 1972

New Mexico Oil Conservation Commission

Drawer DD

Artesia, New Mexico 88210

State of Texas

County of Midland

J. R. Avent, of lawful age, being first duly sworn deposes and says:

That he is employed by Skelly Oil Company in the capacity of District Administrative Coordinator and is fully acquainted with the facts as set forth herein.

That during the months of July and August 1972, Hondo Drilling Company ran the following Deviation Surveys for Skelly Oil Company on their Lea "C" Well No. 14, in NE 1/4 of SE 1/4 of Sec. 11-17S-31E, NMPM, Grayburg-Jackson Pool, Eddy County, New Mexico.

SLOPE TEST DATA

<u>Depth In</u>	<u>Angle in Degrees</u>	<u>Depth In</u>	<u>Angle in Degrees</u>
500'	1/4		
652'	1/4		
1128'	1/2		
1600'	3/4		
1900'	3/4		
2127'	3/4		
2669'	1/2		
3000'	3/4		
3264'	1/2		
3753'	1/2		
4020'	1		

Subscribed and sworn to before me this 17th  
day of October, 19 72.

C. C. Boen

Notary Public in and for said County and State

My commission expires: June 1, 1973

I hereby certify that the information given above is true and complete to the best of my knowledge and belief.

J. R. Avent  
Name

District Admin. Coordinator

Position

P. O. Box 1351, Midland, Texas 79701  
Address