NO. OF COPIES REC	5		
DISTRIBUTE			
SANTA FE	1		
FILE	/	•	
u.s.g.s.			
LAND OFFICE			
IRANSPORTER	OIL	/	
	GAS	/	
CPERATOR		1	

					ONSERVATION COMMISSION		Form C-104	Form C-104	
	SANTA FE	1		REQUEST	FOR ALLOWABLE		Supersedes Old C-104 and C-110		
	FILE	$\downarrow I$	•		AND		Effective 1-1-	-65	
	U.S.G.S.	!	!	AUTHORIZATION TO TRA	NSPORT OIL AND I	NATURAL GA	S		
	LAND OFFICE								
	TRANSPORTER OIL	1	!						
	GAS					-			
	OPERATOR	/_							
1.	PRORATION OFFICE Operator	 _	<u> </u>	<u> </u>		· · · · - · · · · · · · · · · · · · · ·			
		e.	1-07	Try Od 1 Company		•		•	
	Skelly Oil Company Address 1860 Lincoln Street, Denver, Colorado 80203								
	PUCKYASANGGUXXIKKSAKADKESKAXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX								
	Reason(s) for filing (Check proper box) Other (Please explain)								
	New Well	•	• ,	Change in Transporter of:	,	,			
	Recompletion			Oil X Dry Ga	s				
	Change in Ownership			Casinghead Gas Conden	sate				
									
	If change of ownership giv and address of previous ov		ne						
	and address of previous ov	viiei _			<u>, , , , , , , , , , , , , , , , , , , </u>				
II.	DESCRIPTION OF WEL	L A)	ND I	LEASE					
	Lease Name			Well No. Pool Name, Including Fo	ormation	Kind of Lease		Lease No.	
	Jicarilla C			23 Otero Gall	up	State, Federal o	Fee Federal	Cont. #34	
	Location				•				
	Unit Letter N	. ;	660	O Feet From The South Lin	e and1980	Feet From The	. West		
					•				
	Line of Section 27		Tow	nship 25 N Range 5	W , NMPM	, Rio Ar	riba	County	
III.	DESIGNATION OF TRA	NSP	ORT	TER OF OIL AND NATURAL GA	S		l anni afabla fam ia	40 10 2001	
	Name of Authorized Transpo				Address (Give address			1	
	Western Ull	Tra	insp	portation Co. (P/L Div.)	P. O. Box 31	20 Midlan	d, Texas 79	701	
Name of Authorized Transporter of Casinghead Gas & or Dry Gas Address (Give address to which approved co El Paso Natural Gas Company P. 0. Box 990 Farmingto						!			
	El Paso Natura	LL G		,	Is gas actually connect		COII, NEW MEX	100	
	If well produces oil or liquid give location of tanks.	ls,	i			ed / when			
				H 28 25 N 5 W	Yes				
		ingle	d with	h that from any other lease or pool,	give commingling orde	r number:			
1V.	COMPLETION DATA			Oil Well Gas Well	New Well Workover	Deepen	Plug Back Same Re	s'v. Diff. Res'v.	
	Designate Type of C	ompl	etio	n = (X)	1 1		1	1	
	Date Spudded			Date Compl. Ready to Prod.	Total Depth		P.B.T.D.	<u>1</u>	
	•								
	Elevations (DF, RKB, RT, C	R, et	c. j	Name of Producing Formation	Top Oil/Gas Pay	CII	Turing Depth		
						CIII A.			
	Perforations Depth dasing Shoe								
				TUBING, CASING, AND	CEMENTING RECO	D	9		
	HOLE SIZE			CASING & TUBING SIZE	DEPTHS	My, Ch.	SACKS CE	MENT	
							<u>`</u>		
				<u> </u>		0100			
				<u> </u>	<u> </u>	<u>`</u>			
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 death or he for full 2d hours)								
	OII. WEIL able 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.)								
	Date Met .46# Off from 10		'		,		•		
	Length of Test			Tubing Pressure	Casing Pressure		Choke Size		
	2 ong iii or 1 oo 1						•		
	Actual Prod. During Test			Oil-Bbis.	Water-Bbls.	·	Gas-MCF		
							•		
	·								
	GAS WELL								
	Actual Prod. Test-MCF/D			Length of Test	Bbls. Condensate/MMC	F	Gravity of Condensat	•	
	Testing Method (pitot, back	pr.)		Tubing Pressure (Shut-in)	Casing Pressure (Shut	-in)	Choke Size		
					ļ	<u>_</u>	 		
VI.	CERTIFICATE OF CO.	MPL.	IANC	DE COMPANY	OIL	CONSERVAT	ION COMMISSIO	N 1 1070	
						2 1 1970			
	I hereby certify that the rules and regulations of the Oil Conservation		APPROVED, 19						
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			By Original Signed by Emery C. Arnold					
	and the same company of the same control of th			SUPERVISOR DIST. #8					
				TITLE					
		4.11.1			I I				
		10/10 finles,			This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened				
	(Signature)			well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.					
	Distri	District Operations Superintendent					be filled out comp		
			(Tit		able on new and re	completed well	s.	- ,	
	· · · · · · · · · · · · · · · · · · ·		<u>5-</u> 1	18-70	Fill out only	Sections I. II.	III. and VI for chi	anges of owner,	
			(Da		well name or numbe	r, or transporter	or other such char	ige of condition.	

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.

