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FILE	I_{I}	v
U.S.G.S.		
LAND OFFICE		
TRANSPORTER - OIL	1	
GAS	1	
OPERATOR	2	
PRORATION OFFICE	T	
Operator		
Skelly Oil C	OMP (HY
Address		
Box 730, Hob	be.	He
Reason(s) for filing (Check	proper	box,
New Well		
Recompletion		

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

FILE /		REQUEST	FOR ALLO	WABLE		Supersedes Ui Effective 1-1-	id C-104 and C-11 65		
U.S.G.S.	ALITHOPIZ	ATION TO TRA	AND ANSPORT O	אור לווע אוו	TUPAL G	A C			
LAND OFFICE	AUTHORIZ	ATION TO TRA	ANSFORT O	IL AND NA	TURAL OF	43			
TRANSPORTER OIL /									
OPERATOR 2									
PRORATION OFFICE									
Operator									
Skelly Oil Compa	ny								
Box 730, Bobbs,	Her Mexico								
Reason(s) for filing (Check proper	box)		Ot	her (Please ex	plain)		· 		
New Well	Change in Trai	`C							
Recompletion Change in Ownership	Oil Casinghead Go	Dry Go	≒						
			***		······································		-		
If change of ownership give name and address of previous owner	e								
DESCRIPTION OF WELL AN	ID I EACE								
Lease Name		l Name, Including F	ormation		ind of Lease	, , , , , , , , , , , , , , , , , , ,	Lease No.		
Jicarilla "C"	14	Basin Dako	ta	St	ate, Federal	or Fee Federal	Cont #34		
Location	1190 Feet From Th	ne Korth Lin		6 0	Feet From T	he Kast			
Unit Letter;;	reet From Th	e HOLON LI	ne unu		1 001 1 10111 1				
Line of Section 27	Township 25%	Range	_5W	, NMPM,	Rio Ar	riba	County		
DESIGNATION OF TRANSPO	ORTER OF OIL AN	D NATURAL GA	AS						
Name of Authorized Transporter of		nsate	Address (Gi	ve address to t	vhich approv	ed copy of this form is	to be sent)		
Name of Authorized Transporter of	Casinghead Gas	or Dry Gas	1001 W	ve address to	uhich approv	ed copy of this form is	to be sent)		
		*		_					
If well produces cil or liquids,	Unit Sec.	Twp. Rge.	Is gas actua	illy connected	When				
give location of tanks.	A 27	25H 5W	Ye	•		June 10, 1957			
If this production is commingled COMPLETION DATA	with that from any oth	her lease or pool,	give commin	igling order n	umber:				
Designate Type of Comple	etion - (X)	ell Gas Well	New Well	Workover	Deepen	Plug Back Same Re	es'v. Diff. Res'v		
Date Spudded	Date Compl. Ready	v to Prod.	Total Depth	<u> </u>		P.B.T.D.			
Date Spaced			•						
Elevations (DF, RKB, RT, GR, etc	Name of Producing	Formation	Top Cil/Gas	s Pay		Tubing Depth			
Perforations						Depth Casing Shoe			
r error atrons									
	·······	ING, CASING, AN	D CEMENTIN			210/2005			
HOLE SIZE	CASING & T	TUBING SIZE	DEPTH SET			SACKS CEMENT			
			<u> </u>		41 1 11	1 1	manufacture of a market		
. TEST DATA AND REQUEST OIL WELL	FOR ALLOWABLE	E (Test must be able for this d	lepth or be for j	full 24 hours)		and must be equal to a	seed top arroa		
Date First New Oil Run To Tanks	Date of Test		Producing N	Method (Flow, 1	oump, gas life	(1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	.		
	Tubing Pressure		Casing Pres	RRUTA		Chole UN A	356		
Length of Test	Tubing Pressure			55		· Wi	CO		
Actual Prod. During Test	Oil-Bbls.		Water - Bbls	•		Cholo Divini	2.3		
						10120	35. 3 COM		
GAS WELL							HILITANIA AND AND AND AND AND AND AND AND AND AN		
Actual Prod. Test-MCF/D	Length of Test		Bbls. Conde	ensate/MMCF		Gravity of Condensat	te		
	Tubing Pressure (Chut-in)	Casing Pres	ssure (Shut-i	<u>n) </u>	Choke Size			
Testing Method (pitot, back pr.)	I doing Pressure (Shut-In /	Cusing Fio.		-,				
. CERTIFICATE OF COMPLI	ANCE			OIL CO	NSERVA	TION COMMISSION	NC		
			APPROV	/FD	NOV	1 4 1966	, 19		
I hereby certify that the rules a Commission have been complied	ed with and that the	information given	APPROV	v = U		by A. R. Kendi	,		
above is true and complete to	the best of my know	vledge and belief.	BY	Original	DIGHEU .	DY 22 TO DICE	NO o		
			TITLE_	PETR	OLEUM F	ENGINEER DIST.	IV. 3		
(Uniquità) H. B. Asb			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						
									(Signature)
Bistrict Superintende	(Title)		able on	new and reco	mpleted we	118.			
November 10, 1966			Fill	out only Se	ctions I. II	. III, and VI for cher, or other such cha	anges of owner		
	(Date)					be filed for each			
			complete	d wells.					

