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TRANSPORTER	OIL	
	GAS	/
OPERATOR		
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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

I. Operator **Skelly Oil Company**

Address **Drawer 510, Farmington, New Mexico 87401** **Box 1650, Tulsa, Oklahoma**

Reason(s) for filing (Check proper box)

New Well ☒ Change in Transporter of: Oil ☐ Dry Gas ☐
Recompletion ☐ Casinghead Gas ☐ Condensate ☐
Change in Ownership ☐

Other (Please explain) *** Temporary connection to clean up emulsion block from formation in order to prevent blowing to atmosphere**

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Mexico-Federal "R"	Well No. 1	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee USA NM	Lease No. 10183
Location Unit Letter H ; 1830 Feet From The North Line and 790 Feet From The East Line of Section 12 Township 31N Range 13W , NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
El Paso Natural Gas Company	EPNG Box 990, Farmington, New Mexico					
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 12	Twp. 31N	Rge. 13W	Is gas actually connected? No	When

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 <input checked="" type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 9-8-76	Date Compl. Ready to Prod. 10-28-76	Total Depth 6900	P.B.T.D. 6900 (open hole)					
Elevations (DF, RKB, RT, GR, etc.) 5799' GL 5811 KB	Name of Producing Formation Dakota 2, 3, & 4	Top Oil/Gas Pay 6665 KB	Tubing Depth 6650 KB					
Perforations 6665-6675, 6685-6705, 6730-6750, 6788-6792, 6816-6828, ON 6870-6900			Depth Casing Shoe 6870					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
9-7/8"	7-5/8" OD 26.4 #		3909KB		850			
8-1/2" 6-3/4"	5-1/2" OD 14 # liner		6870 KB		336			
	2-3/8" OD 4.8 # Bae		6650					

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 1.5 MCF PD	Length of Test 12 hrs.	Bbls. Condensate/MMCF trace	Gravity of Condensate unknown
Testing Method (pitot, back pr.) orifice well tester	Tubing Pressure (Shut-in) 2100	Casing Pressure (Shut-in) 2100	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.

Richard P. Hergenrother
(Signature)

Foreman
(Title)

10-25-76
(Date)

OIL CONSERVATION COMMISSION

APPROVED **OCT 25 1976**, 19

BY **Original signed by A. R. Kendrick**

TITLE **SUPERVISOR DIST. #3**

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.

