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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
Box 3360, Casper, Wyoming 82602
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
* This form replaces temporary C-104 filed 10/25/76.

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 Fed. 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 ☐ or Condensate ☒ Address (Give address to which approved copy of this form is to be sent)
The Permian Corp. Box 1702, Farmington, NM
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Box 990, Farmington, NM
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 Gas Well New Well Workover Deepen Plug Back Same Restv. Diff. Restv.
Date Spudded 9/8/76 Date Compl. Ready to Prod. 10/28/76 Total Depth 6900' P.S.T.D. 6900'
Elevations (DF, RKB, RT, GR, etc.) 5799' GR 5811' KB Name of Producing Formation Dakota Top Oil/Gas Pay 6665' Tubing Depth 6650' KB
Perforations 6665-75'; 6685-6705'; 6730-50'; 6788-92'; 6816-28'; 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# 3909' KB 850
6 3/4" 5 1/2" OD, 14# Liner 6870' KB 336
2 3/8" OD 4.7# EUE 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 Length of Test Bbls. Condensate/MMCF Gravity of Condensate
1246 24 hrs. trace unknown
Testing Method (pistol, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size
Orifice Well Tester 2100 2100 48/64"

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.


Area Superintendent
(Title)

1/13/77

(Date)

OIL CONSERVATION COMMISSION
APPROVED JAN 17 1977
BY Original Signed by A. R. Kendrick, 19
TITLE SUPERVISOR DIST. 45

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.