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	GAS	
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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

Operator Skelton Oil Company	
Address P.O. Box 176, Hobbs, New Mexico 88240	
Reason(s) for filing (Check proper box)	Other (Please give date)
New Well <input type="checkbox"/>	CASINGHEAD GAS MUST NOT BE
Recompletion <input checked="" type="checkbox"/>	12/2/82
Change in Ownership <input type="checkbox"/>	NO ALLOWABLE OR AUTHORIZATION TO R-4070
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	IS GRANTED.

If change of ownership give name
and address of previous owner _____

Lease Name State "A"		Well No. 1	Pool Name, including Formation Gladiola Devonian	Kind of Lease State, Federal or Fee	State	Lease No. LG 0042
Location Unit Letter <u>E</u> ; <u>330</u> Feet From The <u>West</u> Line and <u>2310</u> Feet From The <u>North</u> Line of Section <u>32</u> Township <u>11 S</u> Range <u>38 E</u> , NMPM, <u>Lea</u> County						

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Cities Service Company		Address (Give address to which approved copy of this form is to be sent) P.O. Box 300, Tulsa, Oklahoma 74102				
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None		Address (Give address to which approved copy of this form is to be sent)				
If well produces oil or liquids, give location of tanks.	Unit <u>E</u>	Sec. <u>11</u>	Twp. <u>32</u>	Rge. <u>38</u>	Is gas actually connected? <u>No</u>	When

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

Designate Type of Completion - (X)		Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input checked="" type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res't. <input checked="" type="checkbox"/>	Diff. Res't. <input type="checkbox"/>
Date Spudded <u>3-31-82</u>	Date Compl. Ready to Prod. <u>10-2-82</u>	Total Depth <u>12,010</u>				P.E.T.D.			
Elevations (DF, RKB, RT, CR, etc.) <u>3809 DF</u>	Name of Producing Formation <u>Devonian</u>	Top Oil/Gas Pay <u>11,078</u>				Tubing Depth <u>12,000</u>			
Perforations <u>11975 - 12006</u>						Depth Casing Shoe <u>12,010</u>			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
	<u>13 3/8</u>		<u>352</u>		<u>425</u>				
	<u>8 5/8</u>		<u>4450</u>		<u>2100</u>				
	<u>5 1/2</u>		<u>12010</u>		<u>1250</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 depth or be for full 24 hours)					
Date First New Oil Run To Tanks <u>10-2-82</u>		Date of Test <u>10-20-82</u>		Producing Method (Flow, pump, gas lift, etc.) <u>Pump</u>	
Length of Test <u>24 Hours</u>		Tubing Pressure		Casing Pressure	
Actual Prod. During Test <u>54</u>		Oil-Bbls. <u>1</u>		Water-Bbls. <u>36</u>	
				Gas-MCF <u>TSTM</u>	

GAS WELL		Bbls. Condensate/MMCF		Gravity of Condensate	
Actual Prod. Test-MCF/D		Length of Test		Casing Pressure (Shut-in)	
Testing Method (pilot, back pr.)		Tubing Pressure (Shut-in)		Choke Size	

VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		APPROVED <u>OCT 25 1982</u> , 19	
		BY <u>ORIGINAL SIGNED BY</u>	
		TITLE <u>DISTRICT 1 SUPR</u>	
		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 production 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 transportation or other such change of conditions.	

(Signature)
Manager

(Date)
10-21-82
(Date)