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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

PUBCO PETROLEUM CORP.
MERGED INTO MESA PETROLEUM CO.
EFFECTIVE MAY 1, 1973

Operator Pubco Petroleum Corporation		CASINGHEAD GAS MUST NOT BE PLACED WITH <u>5/24/73</u> UNLESS IN EXCEPTION TO R-4070 IS OBTAINED.	
Address P. O. Box 869, Albuquerque, New Mexico 87103			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	Request Testing Allowable	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Wolfcamp: 10,456-474	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	(Approx 2,000 bbls oil during completion)	
	Dry Gas <input type="checkbox"/>		
	Condensate <input type="checkbox"/>		

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Skelly-State	Well No. 1	Pool Name, including Formation Undesignated Wolfcamp	Kind of Lease State, Federal or Fee State
Location Unit Letter <u>I</u> ; <u>1980</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>East</u> Line of Section <u>14</u> , Township <u>16S</u> Range <u>35E</u> , NMFM, <u>Lea</u> County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Permian Corporation	Address (Give address to which approved copy of this form is to be sent) Box 1183, Houston, Texas 77001					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> --	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>I</u>	Sec. <u>14</u>	Twp. <u>16S</u>	Rge. <u>35E</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:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'ty.	Diff. Res'ty.
Date Spudded <u>11/17/72</u>	Date Compl. Ready to Prod. <u>3/24/73</u>		Total Depth <u>13,200'</u>		P.B.T.D. <u>11,990'</u>			
Pool <u>Undesignated</u>	Name of Producing Formation <u>Wolfcamp</u>		Top Oil/Gas Pay <u>10,456'</u>		Tubing Depth <u>10,471'</u>			
Perforations <u>10,456-474</u>					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>17-1/2"</u>	<u>13-3/8"</u>		<u>430'</u>		<u>400</u>			
<u>12-1/4"</u>	<u>9-5/8"</u>		<u>4805'</u>		<u>675</u>			
<u>8-3/4"</u>	<u>5-1/2"</u>		<u>12150'</u>		<u>950</u>			
	<u>2-7/8"</u>		<u>10471'</u>					

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 <u>3/24/73</u>	Date of Test <u>3/26/73</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Flow</u>	
Length of Test <u>24</u>	Tubing Pressure <u>100-200 psi</u>	Casing Pressure <u>Pkr.</u>	Choke Size <u>38/64"</u>
Actual Prod. During Test <u>--</u>	Oil-Bbls. <u>336 B.O.</u>	Water-Bbls. <u>0</u>	Gas-MCF <u>588</u>

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	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.

J. C. Johnson (Signature)
Vice President Production

March 27, 1973

(Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED

BY

TITLE

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 Sections I, II, III, and VI only 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

WELL NAME AND NUMBER Skelly State #1
1980 feet from South Line & 660 feet from East Line
LOCATION Section NE SE, T-16-S, R-35-E, Lea County, New Mexico
(New Mexico give U, S, T & R; Texas give S, Blk., Sur. & Twp. when required)
OPERATOR Public Petroleum Corporation
DRILLING CONTRACTOR McVay Drilling Corporation

The undersigned hereby certifies that he is an authorized representative of the drilling contractor who drilled the above-described well and that he has conducted deviation tests and obtained the following results:

<u>Degrees @ Depth</u>	<u>Degrees @ Depth</u>	<u>Degrees @ Depth</u>	<u>Degrees @ Depth</u>
<u>3/4 925</u>	<u>1 5920</u>	<u>3/4 12500</u>	<u> </u>
<u>3/4 1125</u>	<u>1 6980</u>	<u>3/4 12950</u>	<u> </u>
<u>1/2 1920</u>	<u>3/4 7500</u>	<u>3/4 13160</u>	<u> </u>
<u>1 2420</u>	<u>1 8310</u>	<u> </u>	<u> </u>
<u>1 1/2 2840</u>	<u>1/2 8585</u>	<u> </u>	<u> </u>
<u>1 1/4 3340</u>	<u>1/2 9190</u>	<u> </u>	<u> </u>
<u>1 3465</u>	<u>1/2 9270</u>	<u> </u>	<u> </u>
<u>2 1/4 3935</u>	<u>3/4 9980</u>	<u> </u>	<u> </u>
<u>1 1/2 4170</u>	<u>2 10520</u>	<u> </u>	<u> </u>
<u>3/4 4290</u>	<u>2 1/4 11020</u>	<u> </u>	<u> </u>
<u>1/2 4540</u>	<u>2 11510</u>	<u> </u>	<u> </u>
<u>1 4800</u>	<u>1 11760</u>	<u> </u>	<u> </u>
<u>3/4 5125</u>	<u>3/4 11900</u>	<u> </u>	<u> </u>
<u>3/4 5425</u>	<u>1/2 12100</u>	<u> </u>	<u> </u>

Drilling Contractor McVay Drilling Company

By Jim McVay

Subscribed and sworn to before me this 9th day of January, 1973

My Commission Expires:

2-5-75

Betty Carr
Notary Public
Lea County, New Mexico