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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRORATION OFFICE	

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 730, Hobbs, New Mexico**  
Reason(s) for filing (Check proper box)  
New Well ☐ Recompletion ☐ Change in Ownership ☐  
Transporter ☐ Gas ☐ Condensate ☐ Change Lease Name and Well No. ☐

If change of ownership give name and address of previous owner **Oil formerly known**

II. DESCRIPTION OF WELL **Lynch "A" Well No. 1**  
Lease Name **Skelly Unit** 41 **Grayburg** **Shelby - G. A. 3A** Kind of Lease **Federal** Lease No.   
Location **"A"** **250** **North** **250** Feet From The **East**  
Line of Section **22** **11-8** **Eddy** County

III. DESIGNATION OF TRANSPORTER **Texas - New Mexico Interstate Pipe Line Co.**  
Name of Authorized Transporter **Skelly Oil Company - 44 Lower Blvd**  
Address (Give address to which approved copy of this form is to be sent) **Box 1516 - Midland, Texas**  
Address (Give address to which approved copy of this form is to be sent) **Box 1114 - El Paso, New Mexico**  
If well produces oil or natural gas, give location of tanks. **A 22** **Yes** **June 1, 1960**

If this production is commingled with other oil or natural gas, give name and number

IV. COMPLETION DATA  
Designate Type of Completion **None**  
Date Spudded **None**  
Elevations (DF, RKB, RL, etc.) **None**  
Perforations **None**  
TUBING, CASING, AND CEMENTING RECORD  
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT

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 **None** Date of Test **None** Producing Method (Flow, pump, gas lift, etc.) **None**  
Length of Test **None** Casing Pressure **None** Choke Size **None**  
Actual Prod. During Test **None** Water - Bbls. **None** Gas - MCF **None**

GAS WELL  
Actual Prod. Test-MCF/D **None** Length of Test **None** Bbls. Condensate/MMCF **None** Gravity of Condensate **None**  
Testing Method (pitot, back pr.) **None** Casing Pressure (Shut-in) **None** Choke Size **None**

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.  
**W. A. Smith**  
(Signature)  
(Title)  
(Date)  
OIL CONSERVATION COMMISSION  
APPROVED **W. A. Smith**, 19 **1960**  
BY **W. A. Smith**  
TITLE **President**  
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.