FILE U.S.G.S. LAND OFFICE IRANSPORTER OIL OPERATOR OPERATOR PRORATION OFFICE Skelly 011 Company Address P. O. Box 1351, Midland, Texas 79701 Resson(s) for filing (Check proper box) New Well Recompletion Casinghead Gas Ondensate If change of ownership If change of ownership Well No. Pool Name, Including Formation Lease Name Lea "C" Lease Name Lea "C" Location Unit Letter M : 660 Feet From The South Line and 660 Feet From The West Line of Section 11 Township 175 Range 31E NMPM, Eddy III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil X or Condensate Name of Authorized Transporter of Oil X or Condensate Name of Authorized Transporter of Oil X or Condensate Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is in Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is in Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is in Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is in Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is in Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is in Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is in Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is in Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is in Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is in Name of Authorized Transporter of Casinghead Gas or Dry Gas	Lease No. LC=029418(1
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REQUEST FOR ALLOWABLE C. C. Supersedes Old File U.s.G.S. LUS.G.S. LAND OFFICE IRANSPORTER OLL I GAS I OPERATOR POPERATOR PROPRATION OFFICE OPERATOR PRORATION OFFICE OPERATOR PRORATION OFFICE OPERATOR PRORATION OFFICE OPERATOR I PRORATION OFFICE OPERATOR PROPRATION OFFICE OPERATOR OPERATOR I PRORATION OFFICE OPERATOR OPERATOR I PRORATION OFFICE OPERATOR OPERATOR OPERATOR I PRORATION OFFICE OPERATOR	Lease No. LC=029418(1
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Continental Oil Company P. O. Box 2197, Houston, Texas 77002	n is to be sent)
	002
Unit Sec. Twp. Rge. Is gas actually connected?	
If well produces oil or liquids, give location of tanks. F 11 17S 31E Yes Sept. 10, 1972	172
If this production is commingled with that from any other lease or pool, give commingling order number:	
IV COMPLETION DATA	e Res'v. Diff. Re
On wen Gus wen Rev wen	
Designate Type of Completion - (X) X X	
Date Spudded Date Compl. Ready to Prod.	
August 13, 1972 9-10-72 3910 3902 Tubing Depth	
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation	
3926' GR Grayburg-San Andres 3327' 3867! Depth Casing Shoe	
Perforations 39081)ê
3327-3892' (22 holes over 565' interval) TUBING, CASING, AND CEMENTING RECORD)ë
DEPTH SET SACKS CE	oe
HOLE SIZE CASING & TODING O	
11 0 370 02 1200	CEMENT
7-7/8" 5-1/2" OD 3908 1200 2-3/8" OD 3867' None	CEMENT
4-3/0 VU	6 CEMENT 50
	6 CEMENT 50
Test must be after recovery of total volume of load oil and must be equal to or	6 CEMENT 50 00
V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or able for this depth or be for full 24 hours)	6 CEMENT 50 00
OII. WELL	6 CEMENT 50 00
OII. WELL Date First New Oil Run To Tanks September 10, 1972 Date of Test Producing Method (Flow, pump, gas lift, etc.) Pumping	6 CEMENT 50 00
OII. WELL Date First New Oil Run To Tanks September 10, 1972 Date of Test 9-19-72 Producing Method (Flow, pump, gas lift, etc.) Producing Method (Flow, pump, gas lift, etc.) Pumping Casing Pressure Choke Size	6 CEMENT 50 00
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This form is to be filed in compliance with RULE 1104.

OIL AND GAS INSPECTOR

APPROVED

TITLE

C. J. Love

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.

(Signature)

(Date)

District Production Manager (Title)

(SICHED) CHARLES J. LOVE

October 3, 1972

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

0. C. C.

New Mexico 011	Conservation Commis	sion		ARTESIA, OFFICE
Drawer DD				
Artesia, New M	exico 88210			
State of Texa	8			
County of Midl				
D. R.	Crow ,	of lawful age,	being first duly s	sworn deposes and says:
That he i	s employed by Skelly	, Oil Company i	n the capacity of	Lead Clerk
			th the facts as se	
That duri	ng the month of	August	19 72 , Ho	ondo Drilling Co.
	ving Deviation Surve		oil Company on the	ir Lea "C"
i i			•	, NMPM, Grayburg-
Jackson	Pool,		County, N	
		SLOPE TEST DA	ATA	
Depth In	Angle in Deg	rees	Depth In	Angle in Degrees
500' 615' 1001' 1496' 1995' 2100'	1/2 1/2 1/2 3/4 3/4 3/4			
3084 ¹ 3493 ¹ 3900 ¹	3/4 3/4 1/2			•
Subscribed and day of Octob	d sworn to before me	this 4th	given above is	ify that the information s true and complete to the owledge and belief.
	6.6. Box	<u>u</u>	DREN	Name
Notary Public	in and for said Cou		Lead Clerk	
My commission	expires: June 1,	19/2	P. O. Box 1	osition 351, Midland, Texas 79701 Address