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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico E gy, Minerals and Natural Resources Departme.

Form C-104
Revised 1-1-89
See Instructions
JUN 0 4 199 at Bottom of Page

## DISTRICT II P.O. Drawer DD, Arlesia, NM 88210

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

**OIL CONSERVATION DIVISION** 

O. C. D. ARTESIA, OFFICE REQUEST FOR ALLOWABLE AND AUTHORIZATION

1.		U IHA	INDI	OHI OIL	ANU NA	TURAL G					
								ell API No. 30 015 22494			
Address						00 010 22704					
	lew Mexico	88240	) <b>–2</b> 5	28							
Reason(s) for Filing (Check proper box			_			er (Please expl	-				
New Well	Oil	Change in	Trans Dry (	•	EF	FECTIVE 6	-1-91				
Recompletion	Casinghead	. Gar 🗀	•	lensate							
If change of operator give name	caco Produ			P. O. Bo	× 730	Hobbs, Ne	w Movice	88240-	2528		
			<del></del>	F. O. BO	x 730	nobus, Ne	W MEXIC	88240-	2320		
II. DESCRIPTION OF WELL  Lease Name	L AND LEA	Well No.	Pool	Name, Includi	ne Formation		Kind	of Lease	L	ease No.	
SKELLY UNIT 151 FREN SEVEN					פחיידם			te, Federal or Fee DERAL 685460			
Location										<del></del>	
Unit Letter K	:2310		Feet !	From The SC	UTH Lin	and	<u>o</u> r	eet From The	WEST	Line	
Section 15 Township 17S Range 31E					, N	мрм,		EDDY County			
III. DESIGNATION OF TRA				ND NATU							
Name of Authorized Transporter of Oil P&A		or Conder	saic		Address (Giv	e address to w	hich approve	d copy of this j	form is to be se	int)	
Name of Authorized Transporter of Casinghead Gas or Dry Gas P&A					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	Sec.	Twp	Rge.	Is gas actually connected? When ?						
If this production is commingled with the IV. COMPLETION DATA	at from any other	r lease or	pool, g	give comming	ing order num	er:					
		Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion - (X)  Date Spudded Date Compl. Ready to Prod.					Total Depth		<u> </u>	P.B.T.D.	I	<u> </u>	
Date Compt. Ready to Prod.					•			7.5.1.0.	z.u.ş.u.		
evations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas	Pay		Tubing Dep	Tubing Depth		
Perforations					<b>`</b>			Depth Casin	ng Shoe		
TUBING, CASING AND					CEMENTI	NG RECOR	D				
HOLE SIZE	CAS	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
								<del>                                     </del>			
		<del></del>									
V. TEST DATA AND REQUI					he equal to or	exceed top all	auable for th	ie danth ar ha	for full 24 hour	1	
Date First New Oil Run To Tank	Date of Test		oj ioac	ou and must		thod (Flow, pr			jor juli 24 note	3.)	
									ported	1ID-3	
Length of Test	Tubing Pres	Tubing Pressure				re		Choke Size	Choke Size 6 - 7 - 9/		
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.				Water - Bbis.			Gas-MCF & Mg OP		
GAS WELL											
Actual Prod. Test - MCF/D						sate/MMCF		Gravity of (	Gravity of Condensate		
Festing Method (pitot, back pr.)	Tubing Pres	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size		
VI. OPERATOR CERTIFIC	CATE OF	COMP	TIA	NCF		<del> </del>					
I hereby certify that the rules and reg				. 101	(	DIL CON	1SERV	ATION	DIVISIO	N	
Division have been complied with an	d that the inform	nation give		ve				****			
is true and complete to the best of my	/ Knowledge and	s belief.			Date	<b>Approve</b>	d	JUN - 4	1991		
2 m m1.10.	. 1					•			43		
Signature	<u> </u>				By_	ORIGIN	AL SIGN	ED BY		<del></del>	
K. M. Miller Div. Opers. Engr. Printed Name Title					MIKE WILLIAMS  Title SUPERVISOR, DISTRICT II						
May 7, 1991		915-6	88-		I IIII	SUPER	WISUN, L	7			
Data		Tala		N/a							

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.