

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

II. DESCRIPTION OF WELL AND LEASE

Operator	TEXACO Producing Inc.
Address	P. O. Box 728, Hobbs, New Mexico 88240
Reason(s) for filing (Check proper box)	☐ New Well ☐ Recompletion ☒ Change in Ownership
Change in Transporter of:	☐ Oil ☐ Dry Gas ☐ Condensate
Other (Please explain)	Change of operator from Getty to TEXACO Producing Inc. 12/31/84

Lease Name	Skelly Unit
Well No.	149
Pool Name, including Formation	Iron Seven Rivers G-15-54
Kind of Lease	State, Federal or Fee
Lease No.	LC-02942

Location	Unit Letter	2610	Feet From The	South	Line and	150	Feet From The	East
Line of Section	21	Township	17S	Range	31E	NMPM.	Eddy	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	☒ or Condensate	Address (Give address to which approved copy of this form is to be sent)	P. O. Box 2528, Hobbs, NM 88240				
Name of Authorized Transporter of Crudehead Gas	☒ or Dry Gas	Address (Give address to which approved copy of this form is to be sent)	P. O. Box 2197, Houston, TX 77001				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	22	Twp.	17S	Range	31E
If this production is commingled with that from any other lease or pool, give commingling order number.	Yes	1-19-85	last ID-3	6-2-85	CRG dp		

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

W. B. L. L.

(Signature)

District Operations Manager

(Title)

(Date)

OIL CONSERVATION DIVISION

APPROVED

MAY 29 1985

BY

DISTRICT 1 SUPERVISOR

TITLE

This form is to be filled in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviate 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 filled for each pool in multiple completed wells.

OIL CONSERVATION DIVISION

Drawer DJ Artesia, N.M.

DISTRICT OFFICE #2

Jan. thru April, 1985
NO. 2145 N

SUPPLEMENT TO THE OIL PRORATION SCHEDULE

DATE February 26, 1985

PURPOSE ALLOWABLE ASSIGNMENT - NEW WITT.

Effective February 1, 1985 an allowable of 15 barrels of oil per day is hereby assigned to Getty Oil Company, Skelly Unit #149-I-21-17-31 in the Grayburg Jackson-Seven Rivers-Queen-Grayburg-San Andres Pool.

L - F

MF - F

Feb. Total - 420 bbls.
Mar. Total - 460 bbls.
Apr. Total - 450 bbls.

Form. - Grayburg
Perfs. - 3109' - 3519'
TI - 3900'
Comp. - 2-6-85

LAC:fc

Getty Oil Co.

TNN

CON

OIL CONSERVATION DIVISION

DISTRICT SUPERVISOR

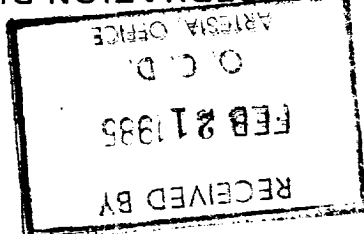
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Revised 10-01-78
Format 06-01-83
Page 1

I.

Operator

Getty Oil Company

Address

P. O. Box 728, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

☒ New Well

☐ Recompletion

☐ Change in Ownership

Change in Transporter of:

☐ Oil

☐ Casinghead Gas

☐ Dry Gas

☐ Condensate

Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name

Skelly Unit

Well No.

149

Grayburg Jackson - Fern

State, Federal or Fee

LC-029420

Kind of Lease

Location

Unit Letter: RT : 2610 Feet from The South Line and 150 Feet from The East

Line of Section 21 Township 17-S Range 31-E, NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐

Texas-New Mexico Pipe Line Co.

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐

Continental Oil Company

If well produces oil or liquids, give location of tanks.

Unit A 22 17-S 31-E Yes

1-19-85

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

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

(Signature)

District Operations Manager

(Title)

2-14-85

(Date)

OIL CONSERVATION DIVISION

FEB 26 1984

APPROVED

Original Signed By

Leslie A. Clements

Supervisor District II

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 allow-

able 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 filled for each pool in multiply

completed wells.

IV. COMPLETION DATA

Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Ditt. Res'v.
----------	----------	----------	----------	--------	-----------	-------------	--------------

Designate Type of Completion - (X)

Date Spudded	12-2-84	12-15-84	Total Depth	3900'	P.B.T.D.	3766'
Elevations (D.F., RKB, RT, GR, etc.)	3424.2' (GR)	Grayburg	Top Oil/Gas Pay	3900'	Tubing Depth	3060'
Perforations	3109-3519'	TUBING, CASING, AND CEMENTING RECORD				
HOLE SIZE	12 1/2"	CASING & TUBING SIZE	8 5/8"	509'	400	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	1-26-85	Date of Test	2-7-85	Producing Method (Flow, pump, gas lift, etc.)	Pumping
Length of Test	24 Hrs.	Tubing Pressure		Casing Pressure	
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF	Choke Size	

GAS WELL

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

INSTRUCTIONS

General: This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on Items 22 and 24, and 33, below regarding separate reports for separate completions.

If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 35.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 18: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments.

Items 22 and 24: If this well is completed for separate production from more than one interval zone (multiple completion), so state in Item 22, and in Item 24 show the producing interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in Item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

Item 29: "Sacks Cement": Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool.

Item 33: Submit a separate completion report on this form for each interval to be separately produced. (See instruction for Items 22 and 24 above.)

37. SUMMARY OF POROUS ZONES: SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF: CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES				38. GEOLOGIC MARKERS		
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
Red Bed	0	509			520	
Anhydrite	509	2070		Salt	2068	
Salt & Anhydrite	2070	2630		Seven Rivers	3010	
Dolomite & Anhy	2630	3141		Grayburg	3400	
Dolomite	3141	3900		San Andres		
TOTAL DEPTH		3900				
PBTD		3766				

WELL NAME AND NUMBER

Skelly Unit #149

LOCATION 2,630' FNL & 10' FEL, Sec. 21, T 17S, R 31 E

9861 2 FEB 1985

(New Mexico give U, S, T, & R; Texas give S, Blk., Sur. & Twp. when red.)

OPERATOR
Getty Oil Co.

DRILLING CONTRACTOR
Aztec Well Servicing Co.

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:

Degrees @ Depth

0.0 9 509

1.0 @ 1,038'

10. 1,587,785

1. @ 2,007'

11.0 @ 2,410'

1 3/4 @ 3,070'

1 3/4 @ 3,570'

20 @ 3,900'

Degrees @ Depth

Degrees @ Depth

Degrees @ Depth

Driiling Contractor Aztec Well Servicing Co.

By

Richard Peterson

Subscribed and sworn to before me this 27 day of May 1942

John W. Cory

58 61

Notary Public

San Juan County, N.M.

My Commission Expires: 10-24-86
 10-24-86
 OFFICE OF THE ATTORNEY GENERAL
 STATE OF NEW YORK
 ALBANY, NEW YORK

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