Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II.
P.O. Drawer DD, Astesia, NM 88210

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

JUN 0 4 1991

DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410	REQU	EST FO	OR AL	LOWAB	LE AND	AUTHORIZ	ZATIQNIE	SIA, OFFIC	€		
Operator 1								API No. 015 25041			
Address	ew Mexico			· · · · · · · · · · · · · · · · · · ·							
Reason(s) for Filing (Check proper box New Well Recompletion Change in Operator		Change in	<u> </u>	ter of:		er (Please expla FECTIVE 6-					
Catago a Opara de circo como	aco Produ			. O. Bo	x 730	Hobbs, Nev	w Mexico	88240-2	528		
I. DESCRIPTION OF WELL Lease Name SKELLY UNIT	1 1				ing Formation Kind of State, FACKSON 7RVS-QN-GB-SA FEDE			of Lease Federal or Fee RAL	ederal or Fee 685460		
Location Unit LetterN	. 1310	: 1310 Feet From The SO			OUTH Line and 2630 Fee			et From The WEST Line			
Section 22 Town	ship 1	78	Range	31E	, N	MPM,		EDDY	-	County	
III. DESIGNATION OF TRA Name of Authorized Transporter of Oil Texas New Mexico Pipeline	10	or Conden	IL ANI	NATU	Address (Giv	e address to wh					
Name of Authorized Transporter of Casinghead Gas Conoco Inc.					Address (Give address to which approved P. O. Box 460 Hobbs			copy of this fo	orm is to be se	nt)	
If well produces oil or liquids, give location of tanks.	Sec. 22	Twp. 17S	Rge. 31E	is gas actual	y connected? YES	When	When ? 08/29/80				
If this production is commingled with the IV. COMPLETION DATA	at from any oth				·		· · · · · · · · · · · · · · · · · · ·		la bt.	Diet Bodu	
Designate Type of Completic		Oil Well	i_	ias Well	New Well Total Depth	Workover	Deepen	P.B.T.D.	Same Res'v	Diff Res'v	
Date Spudded		pl. Ready to			<u>'</u>	N	·				
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Perforations								Depth Casin	g Shoe		
HOLE SIZE		TUBING, CASING AND CASING & TUBING SIZE				CEMENTING RECORD DEPTH SET			SACKS CEMENT		
V. TEST DATA AND REQU OIL WELL (Test must be after	EST FOR	ALLOW	ABLE	ril and must	be equal to o	exceed top all	owable for th	is depth or be	for full 24 hou	ps.)	
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of To		<u> </u>		Producing M	ethod (Flow, pr	ump, gas lift,	elc l			
Length of Test	Tubing Pr	Tubing Pressure			Casing Pressure			Choke Size	6.	7-91	
Actual Prod. During Test	Oil - Bbls	Oil - Bbls.				Water - Bbls.			El	g OP	
GAS WELL					This Conde	nsate/MMCF	-	Gravity of G	Condensate		
Actual Prod. Test - MCF/D		Length of Test				Casing Pressure (Shut-in)			Choke Size		
Testing Method (pilot, back pr.)		Tubing Pressure (Shut-in)									
VI. OPERATOR CERTIF I hereby certify that the rules and re Division have been complied with a is true and complete to the best of the	gulations of the and that the info ny knowledge (e Oil Conse	rvation		Date	OIL CON Approve	ed			ON	
X. M. Miller Div. Opers. Engr. Div. Opers. Engr. Title					ORIGINAL SIGNED BY MIKE WILLIAMS SUPERVISOR, DISTRICT IF Title						
Printed Name May 7, 1991 Date			688-4						· · · · · · · · · · · · · · · · · · ·	 	

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
- 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.