

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

Form C-104  
Revised 10-01-78  
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Page 1

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**RECEIVED BY CONSERVATION DIVISION**  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501  
OCT -3 1986  
O. C. D.  
ARTESIA, OFFICE  
**REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

Operator  
Texaco Producing Inc.  
Address  
P. O. Box 728, Hobbs, NM 88240  
Reason(s) for filing (Check proper box)  
☐ New Well  
☒ Recompletion  
☐ Change in Ownership  
Change in Transporter of:  
☐ Oil  
☐ Dry Gas  
☐ Casinghead Gas  
☐ Condensate  
Other (Please explain)

Change of ownership give name and address of previous owner

**DESCRIPTION OF WELL AND LEASE**  
Lease Name  
Skelly Unit  
Well No.  
159  
Pool Name, including Formation  
Fren 7-Rivers  
Kind of Lease  
State, Federal or Fee  
Federal  
Lease No.  
LC-029419  
Location  
Unit Letter  
N  
Feet From The  
1310  
South  
Line and  
2630  
Feet From The  
West  
Line of Section  
22  
Township  
17S  
Range  
31E  
NMPM,  
Eddy  
County

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**  
Name of Authorized Transporter of Oil ☐ or Condensate ☐  
Tx NM Pipeline Co. (0096-0812)  
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 Casinghead Gas ☐ or Dry Gas ☐  
Conoco Inc.  
Address (Give address to which approved copy of this form is to be sent)  
P. O. Drawer 1267, Ponca City, OK 74603  
If well produces oil or liquids, give location of tanks.  
Unit  
H  
Sec.  
28  
Twp.  
17S  
Rge.  
31E  
Is gas actually connected?  
Yes  
When  
08/29/86  
If this production is commingled with that from any other lease or pool, give commingling order number:  
PC-450; R-7680

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.

*[Signature]*  
(Signature)  
District Administrative Supervisor  
(Title)  
09/22/86  
(Date)

**OIL CONSERVATION DIVISION**  
OCT 8 1986  
APPROVED  
BY  
Original Signed By  
Les A. Clements  
TITLE  
Supervisor District II

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.

#### IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. F
		X			X				X
Date Spudded	Date Compl. Ready to Prod.	Total Depth		B.T.D.					
09/09/85	08/29/86	4050'		3810'					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth					
3850'	Fren 7-Rivers	2163'		3778'					
Perforations				Depth Casing Shoe					
2163'-2384' (37 intervals, 74 holes)				4050'					

#### TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
15"	11 3/4"	500'	500 SX
11"	8 5/8"	1888'	900 SX
7 7/8"	5 1/2"	4050'	900 SX
	2 3/8"	3778'	

#### V. TEST DATA AND REQUEST FOR ALLOWABLE (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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
08/27/86	09/09/86	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs			
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
32	10	22	19

#### GAS WELL

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