Designate Type of Completion - (X)     Date Num     Date Num       Date Spudded     Date Compl. Ready to Prod.     Total Depth       Pool     Name of Producing Formation     Top Cil/Gas Pay       Perforations     Depth Casing Shoe	Federal County
SANTA FE       //       //       //       //       Supervised of a supervised of s	Federal County
FILE       AnD       AND       AND       AND         Lake of File       AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS       AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS         I RANSPORTER       OL /       Gasa       G	Federal County
Lisid, S.       AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS         AuthORIZATION OFFICE       OIL         OPERATOR       I         Box 730 - Hobbs, Naw Mexico         Recomption       Change in Transcottor of: Contensute         Recomption       Catal Contensute         Change of ownership give name and address of previous owner       Contensute         Description       OF Previous owner         Description       Even PP         Coation       Even PP         Even of Authorited Transporter of OIL AND NATURAL GAS	Federal County
LAND OFFICE IRANSPORTER IRANSPORTER OPERATOR OPE	<b>Federal</b> County
Image Source       Image Source         OPERATOR       Image Source         OPERATOR       Image Source         Skally Cil Computy         Address       Box 730 - Hobbs, New Mexico         Reson(s) for filing (Check proper has)       Change in Transporter of Cilicate explain         Item with the conclusion       Cationshead Gas         Change in Ownership       Cationshead Gas         Change in Ownership       Cationshead Gas         Items in Ownership give name and address of previous owner       Cations         DESCRIPTION OF WELL AND LEASE       Vell No. Pool Mano, Including Fermation         Lease Name       Cation         DESCRIPTION OF WELL AND LEASE       Vell No. Pool Mano, Including Fermation         Lease Name       Cation         Lease Name       Condensarie         Lase Name       Condensarie         Lase Asset Name       Condensarie         Lare of Section       Taxos Asset Max Cor Cilicating Fermation         Line of Section       Taxos Asset Max Cor Cilicating Fermation         Name of Ambatized Transporter of Cilicating Condensarie       Isox 1510 - Madland, Texas         Name of Ambatized Transporter of Cilicating Company       Madress (Gase address to which approved copy of this form is to the stransporter of Company         Name of Ambatized Transpo	<b>Federal</b> County
OPERATION OFFICE       //         PRORATION OFFICE       //         Constant       Box 730 - Hobbs, New Mexico         Reconsist for filling (Check proper Box)       Change in Transporte of I         Hew Well       Change in Transporte of I         Hew Berg       Change in Transporte of I         DESCRIPTION OF WELL AND LEASE       Condenate         Lease Ham       Box 720, Feet From The         Lease Ham       Feet From The         Lacation       Transporte of CHI. AND NATURAL GAS         Name of Authorized Transporte of CHI CAN DAN ANTURAL GAS         Name of Authorized Transporte of CHI CAN DANTURAL GAS         Name of Authorized Transporte of CHI CAN DANTURAL GAS         Name of Authorized Transporte of CHI CAN DANTURAL GAS         Name of Authorized Transporte of CHI CAN DAN THAL         Name of Authorized Transporte	<b>Federal</b> County
PRORATION OFFICE       Image: Im	<b>Federal</b> County
Skelly Cill Company         Address         Box 730 - Hohos, New Mexico         Resean(s) for filing (Check proper box)         New Well       Other (Please explain)         Well Chack proper box)         New Well Chack proper box)         Hecompletion         Change in Transporter of:         Change in Transporter of:         Change of ownership give name         Index end address of previous owner         DESCRIPTION OF WELL AND LEASE         Lease None         Lease None         Lease Bit Roy of the colspan Rowner were         DESCRIPTION OF WELL AND LEASE         Lease Bit Roy of the colspan Rowner were         DESCRIPTION OF WELL AND LEASE         Location         (Mone of Authorites Transporter of OI LAND NATURAL GAS         Name of Authorites Transporter of OI LAND NATURAL GAS         Name of Authorites Transporter of OI Ray of Company       Address of weak Mexico         Name of Authorites Transporter of OI Ray of Company       Mone of Authorites Transporter of OI Ray of Company Maljanar Plant       Box 1235 - Bunice Ney	<b>Federal</b> County
Address         Box 730 - Hobbs, New Mexico         Respon(s) for Filing (Check proper box)         New Weil       Other (Please explain)         Her Weil       Change in Trensporter of:         Change in Ownership       Change in Trensporter of:         Change in Ownership give name         In Castaghead Gas       Condensate         DESCRIPTION OF WELL AND LEASE:         Lease Name         Lease Name         Lease Name         Lase Name         Unit Letter       PD       South colspan="2">Condensate         Media       Condensate         More in Castage         Unit Colspan="2">Condensate       More in Castage         DESCRIPTION OF WELL AND LEASE         Lease Name       Rest Colspan="2">Condensate       More in Castage         Lase Name       Rest Colspan="2">Condensate       Name of Authorized Transporter of Off IX       Condensate       Address (Give address to which approved copy of this form is to         Taxas-Kext Xext Yext Ye	Federal County
Box 730 - Hobbs, Naw Maxico         Resen(s) for filing (Check proper box)       Change in Transporter of total condensate       Other (Please explain)       Jurin Linu         New Well       Change in Competition       Condensate       Fry Gas       Change tank battery location         I change of ownership       Castinghed Gas       Condensate       Thange tank battery location       Thange tank battery location         I change of ownership       Castinghed Gas       Well No.       Fool Name, including Fernation       Rind of Lease         DESCRIPTION OF WELL AND LEASE       Well No.       Fool Name, including Fernation       State, Federal or Fee         Lease Name       Ease Name       (Astrono Transporter of Other Company Lease Name)       G & SA       State, Federal or Fee         Location       (Int Letter "D")       660       Feet From The       North       Line and       660       Feet From The       Nest         Line of Section       26       , Township       17-S       Range       32-E       NMPM,       Edity         DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS       Name of Authorized Transporter of Coll X or Condensate       Address (Give address to which approved copy of this form is to         Taxas New Maxic O Plips       Man Company       Box 1520       Madress (Give address to which approved copy of this form is to	Federal County
Resson(s) for filing (Check proper box)       Change in Transporter of:       Change in Transporter of:       Change in Change in Transporter of:       Change in Change	Federal County
New Well       Change in Transporter of:       J. M. M. J. M. J. M. J. M. J. M. J. M.	Federal County
If change of ownership give name and address of previous owner       DESCRIPTION OF WELL AND LEASE         Lease Name       Well No.       Feol Name, Including Fernation       Kind of Lease         Lease Name       Well No.       Feol Name, Including Fernation       Kind of Lease         Location       ************************************	Federal County
If change of ownership give name and address of previous owner       DESCRIPTION OF WELL AND LEASE       Vell No.       Feel Name, Including Formation       Kind of Lease         Lease Name       Lease Name       Vell No.       Feel Name, Including Formation       Kind of Lease         Location       Tom       Parts       20       State, Federal or Fee       State, Federal or Fee         Location       Tom       Feet From The       North       Line and       660       Feet From The       West         Line at Section       26       , Township       To.       Range       31.4E       NMPM,       Edty         DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS       Name of Authorized Transporter of Casingheed Gas X or Condensate       Address (Give address to which approved copy of this form is to         Taxas-New Nexic CO Pipe Line Company       Hox 1510 - Midland, Texas       Texas         Name of Authorized Transporter of Casingheed Gas X or Dry Gas       Address (Give address to which approved copy of this form is to         Skelly Oil Company       Maljamar Plant       Edx X 1510 - Midland, Texas         If well produces oil or Hights, que location of taxks.       "Mail 18"       Tes       Tes         If this production is commingled with that from any other lease or pool, give commingling order number:       Completion - (X)       OII Well       New Well       N	<b>Federal</b> County
If change of ownership give name and address of previous owner       DESCRIPTION OF WELL AND LEASE         Lease Name       Well No.       Feol Name, Including Fernation       Kind of Lease         Lease Name       Well No.       Feol Name, Including Fernation       Kind of Lease         Location       ************************************	<b>Federal</b> County
Ind address of previous owner       DESCRIPTION OF WELL AND LEASE       Well No.       Feel Name, including Fernation       Kind of Lease         Lease Name       Well No.       Feel Name, including Fernation       Kind of Lease         Location       (       Brack Mark       G & SA       State, Federal or Fee         Location       (       Brack Mark       G & SA       State, Federal or Fee         Line of Section       26       , Township       17S       Range       31E       , NMPM,       Kitdy         DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS       Name of Authorized Transporter of Oil CO or Condenante       Address (Give address to which approved copy of this form is to Texas - New Maxico Pipe Line Company       Hox 1510 - Midland, Texas         Name of Authorized Transporter of Casinghead Ges XI or Dry Gas       Address (Give address to which approved copy of this form is to Skelly Oil Capuany       Hox 1.35 - Dunice Nextoo         If well produces oil or lightle,       Unit       Sec.       Typ.       Page       12.3 - E       Yes       6-1-1960         If this production is commingled with that from any other lease or pool, give commingling order number:       COMPLETION DATA       Oil Well       Gas Well       New Well       Workover       Deepen       Plug Back       Same Res         Designate Type of Completion - (X)       Oil Well       Ga	County
DESCRIPTION OF WELL AND LEASE       Well No.       Feel Name       Including Fernation       Kind of Lease         Lease Name       Lease Name       Reg fft r. 20       S       Grayburg Jac.KM.co       G & SA       State, Federal or Fee         Location       Image: State Pederal or Feel From The state       North       Line and 660       Feet From The west       West         Line of Section       26       . Township       17 mg       Range       . NMPM,       Eddy         DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS       Name of Authorized Transporter of Oil Cl or Condensate       Address (Give address to which approved copy of this form is to Taxas - New Next Co Pips Sine Company       Box 1510 - Midland, Texas         Name of Authorized Transporter of Casinghead Gas XI or Dry Gas       Address (Give address to which approved copy of this form is to Skelly Oll Company         Name of Authorized Transporter of Casinghead Gas XI or Dry Gas       Address (Give address to which approved copy of this form is to Skelly Oll Company         Name of authorized Transporter of Casinghead Gas XI or Dry Gas       Is gas actually connected?       When         If well produces oil or Haules,       Mak 28       17 - S 32 - E       Yes       6-1-1950         If well produces oil or Haules,       Mak 28       17 - S 32 - E       Yes       6-1-1950         Designate Type of Completion - (X)       Oil Well	County
Lease Name       Well No.       Fool Name, Including Formation       Kind of Lease         Location       Image: State of Control of Contr	County
Lees #B#       Rafter       ZO       S       Grayburg       Junitity and       O & SA       State, Federal or Fee         Location       ************************************	County
Location       Image Strategies       Image Strategies       Image Strategies       Image Strategies         Unit Letter       "P"       660       Feet From The       North       Line and       660       Feet From The       Nest         Line of Section       26       , Township       17S       Range       31E       , NMPM,       Eddy         DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS         Name of Authorized Transporter of Oil X       or Condensate       Address (Give address to which approved copy of this form is to         Taxas       Name of Authorized Transporter of Casinghead Gas X       or Dry Gas       Address (Give address to which approved copy of this form is to         Skelly 011       Company       Hallanar Plant       Eox 17.35 -> Bunice Next Mexico       Next Mexico         If well produces all or liquids, qive location of tanks.       "PA# 28       17S       33E       Tex       6-1-1960         If this production is commingled with that from any other lease or pool, give commingling order number:       Completion - (X)       Oil Well Gas Well       Norkover       Deepen       Plug Back       Same Res         Designate Type of Completion - (X)       Oil Well       Gas Well       New Well       Workover       Deepen       Plug Back       Same Res         Deol	County
Init Letter       Image: Month       North       Line and       660       Feet From The       Nest         Line of Section       26       , Township       17S       Range       31E       , NMPM,       Eddy         DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS         Name of Authorized Transporter of Oil Company       Address (Give address to which approved copy of this form is to the address of the address to which approved copy of this form is to the address of the address to which approved copy of this form is to the address of the address to which approved copy of this form is to the address of the address to which approved copy of this form is to the address of the address to which approved copy of this form is to the address of the address to which approved copy of this form is to the address of the address to which approved copy of this form is to the address of the address to which approved copy of this form is to the address of the address to which approved copy of this form is to the address of the address to which approved copy of this form is to the address of the address to which approved copy of this form is to the address of the address to which approved copy of this form is to the address of the address to which approved copy of this form is to the address of the address to which approved copy of this form is to the address of the address to which approved copy of this form is to the address of the address to which approved copy of this form is to the address to which approved copy of this form is to the address to which approved copy of this form is to the address to which approved copy of the address to wh	
Unit Letter	
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS         Name of Authorized Transporter of Oil IX or Condensate	
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS         Name of Authorized Transporter of Oil X       or Condensate         Texas-New Maxico Pips Line Company       Address (Give address to which approved copy of this form is to Box 1510 Midland, Texas         Name of Authorized Transporter of Casinghead Gas X       or Dry Gas       Address (Give address to which approved copy of this form is to Box 1510 Midland, Texas         Skelly O11 Company       Maljamar Plant       Box 1510 Midland, Texas         Skelly O11 Company       Maljamar Plant       Eox 17.35 Bunice       New Mexico         If well produces oil or liquide, qive location of tanks.       Unit       Sec.       Twp.       Fige.       Is gas actually connected?       When         If this production is commingled with that from any other lease or pool, give commingling order number:       COMPLETION DATA       Oil Well       Gas Well       New Well       Workover       Deepen       Plug Back       Same Res         Date Spudded       Date Compl. Ready to Prod.       Total Depth       P.B.T.D.       P.B.T.D.       P.B.T.D.         Pool       Name of Producing Formation       Top Cil/Gas Pay       Tubing Depth       Depth Casing Shoe	be sent)
Name of Authorized Transporter of Oil II or Condensate       Address (Give address to which approved copy of this form is to Hox 1510 - Midland, Texas         Texas: New Mexico Pipe Line Company       Hox 1510 - Midland, Texas         Name of Authorized Transporter of Casinghead Gas II or Dry Gas       Address (Give address to which approved copy of this form is to Hox 1510 - Midland, Texas         Skelly Oil Company       Maljanar Plent       Low 1135 - Bunice When Mexico         If well produces oil or liquids, give location of tanks.       Unit Sec. Twp. Fige.       Is gas actually connected?         If this production is commingled with that from any other lease or pool, give commingling order number:       ComPLETION DATA       Oil Well         Designate Type of Completion - (X)       Oil Well       Gas Well       New Well       Workover       Deepen         Pool       Name of Producing Formation       Top Cil/Gas Pay       Tubing Depth       Peth Casing Shoe         Perforations       Depth Casing Shoe       Depth Casing Shoe       Depth Casing Shoe	be sent)
New Maxico Pipe Line Company         Name of Authorized Transporter of Casinghead Gas Ma or Dry Gas       Address (Give address to which approved copy of this form is to Excelly 011 Company         Skelly 011 Company       Kaljamar Plant       Exx 1:35 - Bunice       New Mexico         If well produces oil or liquids, give location of tanks.       Unit       Sec.       Twp.       Fige.       Is gas actually connected?       When         If this production is commingled with that from any other lease or pool, give commingling order number:       Completion - (X)       Oil Well       Gas Well       New Well       Workover       Deepen       Plug Back       Same Res         Designate Type of Completion - (X)       Oil Well       Gas Well       New Well       Workover       Deepen       Plug Back       Same Res         Pool       Name of Producing Formation       Top Cil/Gas Pay       Tubing Depth       Depth Casing Shoe	be sent)
Name of Authorized Transporter of Casinghead Gas X       cr Dry Gas       Address (Give address to which approved copy of this form is to Excelly 011 Company Maljamar Plant         Skelly 011 Company       Maljamar Plant       Excells 17.35 - Eunice       New Mexico         If well produces oil or liquids, give location of tanks.       Unit       Sec.       Twp.       Fge.       Is gas actually connected?       When         If this production is commingled with that from any other lease or pool, give commingling order number:       Completion - (X)       Cil Well       Gas Well       New Well       Workover       Deepen       Plug Back       Same Res         Designate Type of Completion - (X)       Date Compl. Ready to Prod.       Total Depth       P.B.T.D.       P.B.T.D.         Pool       Name of Producing Formation       Top Cil/Gas Pay       Tubing Depth       Depth Casing Shoe	
Skelly Oil Company       Maljamar Plant       Eox 1:35 - Eunice       New Mexice         If well produces oil or liquids, give location of tanks.       Unit       Sec.       Twp.       Fige.       Is gas actually connected?       When         If this production is commingled with that from any other lease or pool, give commingling order number:       If this production is commingled with that from any other lease or pool, give commingling order number:       COMPLETION DATA       Oil Well       Gas Well       New Well       Workover       Deepen       Plug Back       Same Res         Date Spudded       Date Compl. Ready to Prod.       Total Depth       P.B.T.D.       P.B.T.D.         Pool       Name of Producing Formation       Top Cil/Gas Pay       Tubing Depth         Perforations       Depth Casing Shoe	be sent)
If well produces oil or liquids, give location of tanks.     Unit     Sec.     Twp.     Fige.     Is gas actually connected?     When       If well produces oil or liquids, give location of tanks.     "Aix     28     17-S     31-E     Test     6-1-1960       If this production is commingled with that from any other lease or pool, give commingling order number:     COMPLETION DATA     Cil Well     Gas Well     New Well     Workover     Deepen     Plug Back     Same Res       Designate Type of Completion - (X)     Cil Well     Gas Well     New Well     Workover     Deepen     Plug Back     Same Res       Date Spudded     Date Compl. Ready to Prod.     Total Depth     P.B.T.D.       Pool     Name of Producing Formation     Top Cil/Gas Pay     Tubing Depth       Perforations     Depth Casing Shoe	
If well produces off of figures, give location of tranks,     TAR     28     17-S     31-E     Ten     6-1-1960       Give location of tanks,       If this production is commingled with that from any other lease or pool, give commingling order number:       COMPLETION DATA       Designate Type of Completion - (X)     Oil Well     Gas Well     New Well     Workover     Deepen     Plug Back     Same Res       Date Spudded     Date Compl. Ready to Prod.     Total Depth     P.B.T.D.     P.B.T.D.       Pool     Name of Producing Formation     Top Cil/Gas Pay     Tubing Depth       Perforations     Depth Casing Shoe	
If this production is commingled with that from any other lease or pool, give commingling order number:         COMPLETION DATA         Designate Type of Completion - (X)       Oil Well       Gas Well       New Well       Workover       Deepen       Plug Back       Same Res         Date Spudded       Date Compl. Ready to Prod.       Total Depth       P.B.T.D.         Pool       Name of Producing Formation       Top Cil/Gas Pay       Tubing Depth         Perforations       Depth Casing Shoe	
COMPLETION DATA         Designate Type of Completion - (X)       Oil Well       Gas Well       New Well       Workover       Deepen       Plug Back       Same Res         Date Spudded       Date Compl. Ready to Prod.       Total Depth       P.B.T.D.         Pool       Name of Producing Formation       Top Cil/Gas Pay       Tubing Depth         Perforations       Depth Casing Shoe	
Designate Type of Completion - (X)       In this is a set of the set o	
Date Spudded     Date Compl. Ready to Prod.     Total Depth     P.B.T.D.       Pool     Name of Producing Formation     Top Cil/Gas Pay     Tubing Depth       Perforations     Depth Casing Shoe	v. Diff. Res'v.
Defendence     Defendence       Pool     Name of Producing Formation       Perforations     Top Cil/Gas Pay       Depth Casing Shoe	 
Perforations Depth Casing Shoe	
Perforations Depth Casing Shoe	
TUBING, CASING, AND CEMENTING RECORD	
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEM	ENT
TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or e	word top allow
able for this denth or be for full 24 hours)	
OIL WELL     Other formed of the open set of performed of	
Length of Test Tubing Pressure Casing Pressure Choke Size	
Actual Prod During Test Oil-Bbls. Water-Bbls. Vater - Bbls.	
Actual Prod. During Test Oil-Bbls. Water-Bbls. Gas-MCF	
Wr D'EE	
GAS WELL     Condensate/MMCF     Condensate/MMCF       Actual Prod. Test-MCF/D     Length of Test     Bbls. Condensate/MMCF     Gravity of Condensate	
Actual Prod. Test-MCF/D     Length of Test     Bbls. Condensate/MMCF     Gravity of Condensate	
Testing Method (pitot, back pr.) Tubing Pressure Casing Pressure Choke Size	
CERTIFICATE OF COMPLIANCE OIL CONSERVATION COMMISSION	1
Line and the second populations of the Oil Conservation APPROVED MAR 1 2 1965	
I nereby certify that the fulles and regulations of the off conscivation	
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief. BY	19
AND HAT INTREPORT	
This form is to be filed in compliance with RULE	
If this is a request for allowable for a newly drill (Signature) well, this form must be accompanied by a tabulation of	1104.
tests taken on the well in accordance with RULE 11	1104. ed or deepened
All sections of this form must be filled out completed wells	1104. ed or deepened f the deviation
All sections of this form must be filled out complete able on new and recompleted wells. Fill out Sections I, II, III, and VI only for char	1104. ed or deepened f the deviation
(Date) Fill out Sections 1, 11, 11, and VI only for char (Date)	1104. ed or deepened f the deviation tely for allow

Fill out Sections I, II, III, and VI only 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.