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TRANSPORTER	OIL 1 GAS 1
OPERATOR	23
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

RECEIVED

MAY 1 1968

I. Operator **David Fasken** **O.C.C. ARTESIA, OFFICE**

Address **608 First National Bank Building Midland, Texas 79701**

Reason(s) for filing (Check proper box) Other (Please explain)  
New Well ☒ Change in Transporter of: **Change in lease name from Skelly-Federal to Skelly-Federal (Com.)**  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name **Skelly-Federal (Com.)** Lease No. **NM247971** Well No. **1** Pool Name, including Formation **N. Indian Hills Morrow** Kind of Lease **State, Federal or Fee**

Location  
Unit Letter **M** **935** Feet From The **West** Line and **840** Feet From The **South**  
Line of Section **9** Township **21 South** Range **24 East**, 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)  
**The Permian Corporation** **Box 3119 Midland, Texas**

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ Address (Give address to which approved copy of this form is to be sent)  
**Natural Gas Pipeline Company of America** **Box 236 Midland, Texas**

If well produces oil or liquids, give location of tanks. Unit **S** Sec. **5** Twp. **21-S** Rge. **24-E** Is gas actually connected? **NO yes** When **May 11, 1968**

If this production is commingled with that from any other lease or pool, give commingling order number: **R-3395**

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		<b>X</b>	<b>X</b>					
Date Spudded <b>8-14-67</b>	Date Compl. Ready to Prod. <b>11-6-67</b>	Total Depth <b>10,356</b>	P.B.T.D. <b>10,095</b>					
Elevations (DF, RKB, RT, GR, etc.) <b>4139 GR</b>	Name of Producing Formation <b>Morrow</b>	Top Oil/Gas Pay <b>9784</b>	Tubing Depth <b>9643</b>					
Perforations <b>9784-9804 .30" jets 6 per foot (120 holes)</b>			Depth Casing Shoe <b>10,145</b>					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
<b>18"</b>	<b>13-3/8</b>	<b>46'</b>		<b>Cemented to surface w/</b>				
<b>12 1/4"</b>	<b>8-7/8</b>	<b>3199'</b>		<b>1450 Ready Mix</b>				
<b>7-7/8"</b>	<b>4 1/2</b>	<b>10,145'</b>		<b>450</b>				

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D <b>3733</b>	Length of Test <b>4 hrs.</b>	Bbls. Condensate/MMCF <b>TSTM</b>	Gravity of Condensate
Testing Method (pitot, back pr.) <b>Flowing</b>	Tubing Pressure <b>2348</b>	Casing Pressure <b>Packer</b>	Choke Size <b>Various</b>

VI. CERTIFICATE OF COMPLIANCE

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

(Signature)  
**Agent**

(Title)  
**4-29-68**

(Date)

OIL CONSERVATION COMMISSION

APPROVED **1968**, 19

BY **W. A. Gressett**

TITLE **SEAL OF OFFICE**

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.