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| FILE | | ✓ |
| U.S.G.S. | | |
| LAND OFFICE | | |
| TRANSPORTER | OIL | |
| | GAS | |
| OPERATOR | | |
| PRORATION OFFICE | | |

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND

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

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
RECEIVED

OCT 30 1972

| | | |
|--|---|------------------------------------|
| Operator Skelly Oil Company ✓ | | O. C. C. ARTESIA, OFFICE |
| Address P. O. Box 1351, Midland, Texas 79701 | | |
| Reason(s) for filing (Check proper box) | | Other (Please explain) |
| New Well <input checked="" type="checkbox"/> | Change in Transporter of: | |
| Recompletion <input type="checkbox"/> | Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> | |
| Change in Ownership <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> | |

If change of ownership give name
and address of previous owner _____

I. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|----------------------|--|---|--------------------|
| Lease Name Cedar Canyon | Well No. 1 | Pool Name, Including Formation Wildcat | Kind of Lease State, Federal or Fee Fee | Lease No. ----- |
| Location Unit Letter P ; 770 Feet From The South Line and 770 Feet From The East Line of Section 9 Township 24S Range 29E , NMPM, Eddy County | | | | |

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | |
|--|--|------|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) | |
| None | | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) | |
| El Paso Natural Gas Co. | P. O. Box 1492, EL PASO, TEXAS 79978 | |
| If well produces oil or liquids, give location of tanks. | Unit | Sec. |
| | Twp. | Rge. |
| | Is gas actually connected? No When 10-27-72 | |

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

V. COMPLETION DATA

| | | | | | | | | |
|---|---|-----------------------------------|----------|---|--------|-----------|--------------|---------------|
| Designate Type of Completion - (X) | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'tv. | Diff. Res'tv. |
| | | X | X | | | | | |
| Date Spudded March 27, 1972 | Date Compl. Ready to Prod. August 8, 1972 | Total Depth 15,500' | | P.B.T.D. 14,619' | | | | |
| Elevations (DF, RKB, RT, GR, etc.) 2968' DF | Name of Producing Formation Morrow | Top Oil/Gas Pay 13,062' | | Tubing Depth 13,374' None | | | | |
| Perforations 13,062-13,374' (Morrow) | | | | Depth Casing Shoe 14,698' | | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | | SACKS CEMENT | | | | |
| 26" | 20" | 649' | | 1300 | | | | |
| 17-1/2" | 13-3/8" | 2922' | | 2600 | | | | |
| 12-1/2" | 9-5/8" | 10,515' | | 3900 | | | | |
| 8-1/2" | 7-3/4" | 14,698' | | 650 | | | | |

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 13,149 | Length of Test 30 minutes | Bbls. Condensate/MMCF Trace | Gravity of Condensate ----- |
| Testing Method (pilot, back pr.) Back Pressure | Tubing Pressure (shut-in) 4633# | Casing Pressure (shut-in) packer | Choke Size ----- |

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.

C. J. Love
(Signature)
District Production Manager
(Title)
October 27, 1972
(Date)

OIL CONSERVATION COMMISSION
NOV 3 1972
APPROVED _____, 19____
BY **W. A. Gressett**
TITLE **OIL AND GAS INSPECTOR**

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.