FIE	/ / / NLWU	I FOR ALLOWABLE		
G.S.		AND	Supersedes Old C=104 and C= Effective 1=1=65	
DOFFICE	7	RANSPORT OIL AN ATUR	AL GAS	
TRANSPORTER OIL GAS	<u></u>			
OPERATOR /	~ <del>}</del> ]		REGEIVED	
I. PRORATION OFFICE	-+		and a second figure	
Operator			<u></u>	
Skelly Oil Company				
P. O. Box 1351, Mic				
Reason(s) for filing (Check prop	trer box)		A TOTELA, TERIOR	
New Well	Change in Transporter of:	Other (Please explain)		
Recompletion X			GAS MUST NOT BE	
Change in Ownership	Casinghead Gas Co	ondensate   FLAKED AFTE	R 12-1-16	
If change of ownership give ne	ime	UNLESS AN E	VCEPTION TO D. P. 30 4	
and address of previous owner	E. 11-30-7	IS OBTAINED	11.2.202	
II. DESCRIPTION OF WELL A	IND LEASE Constantion	for pelaward		
Cedar Canyon	Well No. Pool Name, Includir	Formation Kind of I	ease	
Location	1 Undesignat	ed Delaware State, Fe	Lease No.	
Unit Letter P			Fee	
· · · · · · · · · · · · · · · · · · ·	770 Feet From The South	Line and 770 Feet Fi	om The East	
Line of Section 9	Township 24S Range	20 5		
III. DESIGNATION OF TRANSP			Eddy County	
Name of Authorized Transporter of	ORTER OF OIL AND NATURAL	GAS		
The Permian Corporat	tion	P O D == 1300	proved copy of this form is to be sent)	
Name of Authorized Transporter o	f Casinghead Gas X or Dry Gas	P. O. Box 1183, Houst Address (Give address to which ap	on, Texas 77001 proved copy of this form is to be sent)	
Will be Lease Use	Unit Sec. Two Dec	<b>— —</b>	protect copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	P 9 24S 29E		When	
If this production is commingled	with that from on the t	E No		
V. COMPLETION DATA	i with that from any other lease or poo	ol, give commingling order number:		
Designate Type of Compl	etion - (X)	New Well Workover Deepen	Plug Back Same Resty, Diff. Besty	
Date Spudded Plugged	Date Compl. Ready to Prod.	X	X Same Restv. Diff. Restv.	
8-27-76 Back	9-5-76	Total Depth	P.B.T.D.	
Elevations (DF, RKB, RT, GR, etc 2969 <sup>†</sup> KB		15,500 ' Top Oll/Gas Pay	10,270'	
2909 KB Perforations	Delaware	4,536'	Tubing Depth	
4536-4538'			4,517' Depth Casing Shoe	
	TUBING CASING AN		14,698'	
HOLE SIZE	CASING & TUBING SIZE	D CEMENTING RECORD		
26" 17-1/2"	20" OD	649'	SACKS CEMENT	
12-1/2"	<u>13-3/8" OD</u>	2,922'	1300 sacks 2600 sacks	
10-3/4"	<u>9-5/8" OD</u> 7-3/4" OD	10,515'	3900 sacks	
. TEST DATA AND REQUEST		10,209-14,698'	650 gapte	
OIL WELL Date First New Oil Run To Tanks	able for this d		l and must be equal to or exceed top allow-	
9-3-76	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)	
Length of Test	<u>9-30-76</u> Tubing Pressure	Pumping Casing Pressure		
24 hours			Choke Size	
Actual Prod. During Test 28 / 9	Oil-Bbis,	Water-Bbls.	Gas-MCF	
61	28	41	12 (Est.)	
GAS WELL				
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF		
Testing Method (pitot, back pr.)			Gravity of Condensate	
for the second state of th	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
CERTIFICATE OF COMPLIAN		 		
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 beat of my knowledge and the		OIL CONSERVATION COMMISSION		
		APPROVED OCT 6		
		7.164	, 19	
	of my knowledge and beller.	BY	isser	
		TITLE SUPERVISOR, DISTRICT II		
(SIGNED) LELAND FRANZ Leland Franz		This form is to be filed in compliance with RULE 1104.		
	Leland Franz	If this is a request for allow	able for a newly data d	
District Production Manager		well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.		
(Title)		All sections of this form must be filled out completely for allow- able on new and recompleted wells.		
October 5, 1976 (Date)		Fill out only Sections 7 II III and 17 for abarrant		
(Da	ue,	well name or number, or transporte	in, and VI for changes of owner, in or other such change of condition.	