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NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  
MAR 20 1973  
O. C. C.  
ARTESIA, OFFICE

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-55

Operator Skelly Oil Company	
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 \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name Cedar Canyon-10	Well No. 1	Pool Name, including Formation Cedar Canyon-Morrow Gas	Kind of Lease State, Federal or Fee Federal	Lease No. NM-12841
Location Unit Letter F ; 2180 Feet From The North Line and 1980 Feet From The West Line of Section 10 Township 24S Range 29E , NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> None	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1492, El Paso, Texas 79999					
If well produces oil or liquids, give location of tanks.	Unit --	Sec. --	Twp. --	Rge. --	Is gas actually connected? Yes	When March 6, 1973

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded October 24, 1972	Date Compl. Ready to Prod. March 6, 1973		Total Depth 13,859'			P.B.T.D. 13,728'		
Elevations (DF, RKB, RT, GR, etc.) 2979' GR	Name of Producing Formation Morrow		Top Oil/Gas Pay 13,074'			Tubing Depth 12,889'		
Perforations 13,074-13,366'						Depth Casing Shoe 13,859'		

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	657'	750
12-1/4"	9-5/8"	7,398'	3645
8-1/2"	7-5/8"	10,937'	800
6-1/2"	5"	13,859'	550

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 4067	Length of Test 17 hours	Bbls. Condensate/MMCF None	Gravity of Condensate ---
Testing Method (pitot, back pr.) Back Pressure	Tubing Pressure (shut-in) 4794#	Casing Pressure (shut-in) Packer	Choke Size 12/64"

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.

(Signed) C. J. Love  
District Production Manager  
March 19, 1973

OIL CONSERVATION COMMISSION  
APPROVED MAR 22 1973  
BY W. A. Gessett  
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