NO. OF CAPIES RECEIVED DISTRIBUTION 1.

10

	SANTA FE FILE U.S.G.S. LAND OFFICE	REQUEST	CONSERVATION COMMISS	Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65
1.	I RANSPORTER OIL GAS OPERATOR PRORATION OFFICE	<u> </u> 	JUN 7 1976	
	Skelly Oil Company		O. C. C. RTEBIA, OFFICE	
	Reason(s) for filing (Check proper box New We!! Recompletion Change in Ownership	nd, Texas 7970_ Change in Transporter of: Oil Dry Go Casinghead Gas Conde		
	If change of ownership give name and address of previous owner			
:I.	DESCRIPTION OF WELL AND Lease Name Todd 25 Federal Location Linit Letter F . 198	Well No. Pool Name, Including F 1-Z Sard Dunes M	Orrow State, Federa	1 or Fee Federal NM0544986
	Oint Letter			
iΤ	DESIGNATION OF TRANSPORT		31E , NMPM, Eddy	County
	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approx	
	Name of Authorized Transporter of Cas Natural Gas Pipeline C	ompany of America	P. O. Box 283, Houst	on. Texas 77001
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected? Whe	May 26, 1976
	If this production is commingled wit COMPLETION DATA	th that from any other lease or pool,	give commingling order number:	
	Designate Type of Completic	on - (X) Oil Well Gas Well X	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
	Date Spudded May 6, 1974	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	Elevations (DF, RKB, RT, GR, etc., 3497 KB	April 10, 1975 Name of Producing Formation Morrow	15,714' Top Oil/Gas Pay 14,592'	Tubing Depth
	Perforations 14,592-14,842'		14,372	14,400' Depth Casing Shoe 15,051'
			D CEMENTING RECORD	
	HOLE SIZE	20" OD	DEPTH SET	SACKS CEMENT 700 sacks
	12-1/4"	10-3/4" OD	4430'	2150 sacks
	9-1/2"	7-5/8" OD	12,700'	2500 sacks
		4-1/2" OD	12,182-15,051'	625 sacks
v.	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow-			
	Oll. WELL able 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.)			
	Date First New Oil Adn To Tunks	Dute of Test	Producing Method (1-tow, pamp, gas ti)	i, etc.)
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	Actual Prod. During Test	Oil-Bbls.	Water-Bbis.	Gas-MCF
,	GAS WELL	· · · · · · · · · · · · · · · · · · ·		
	Actual Prod. Test-MCF/D	Length of Test 5' his.	Bbls. Condensate/MMCF	Gravity of Condensate
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut:-in) /825	Casing Pressure (Shut-in)	Choke Size
VI.	Back fressure CERTIFICATE OF COMPLIANCE		OIL CONSERVA	TION COMMISSION
	I hereby certify that the rules and r Commission have been complied w	egulations of the Oil Conservation	APPROVED JUN 7 1976 , 19	
	above is true and complete to the best of my knowledge and belief.		TITLE SUPERVISOR, DISTRICT II	
	(NOMED) IN AND FRANZ Leland Franz		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened	
•	(Signa District Produc	iture)	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 allow-	
•	(Title) June 4, 1976		able on new and recompleted wells. Fill out only Sections I, II, III, and VI for changes of owner,	
	(Da	te)	well name or number, or transporter, or other such change of condition.	

Separate Forms C-104 must be filed for each pool in multiply