

| | |
|------------------------|--|
| NO. OF COPIES RECEIVED | |
| DISTRIBUTION | |
| SANTA FE | |
| FILE | <input checked="" type="checkbox"/> |
| U.S.G.S. | |
| LAND OFFICE | |
| TRANSPORTER | OIL <input type="checkbox"/> GAS <input type="checkbox"/> |
| OPERATOR | |
| PRORATION OFFICE | |

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

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

JUN 7 1976

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

Skelly Oil Company
 Address
P. O. Box 1351, Midland, Texas 79701

Reason(s) for filing (Check proper box)
 New Well Change in Transporter of:
 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 Todd 2 State | Well No. 1 | Pool Name, Including Formation Wildcat Lower Pennsylvanian | Kind of Lease State, Federal or Fee State | Lease No. K-5017 |
| Location Unit Letter F 1980 Feet From The West Line and 1980 Feet From The North | | | | |
| Line of Section 2 Township 24S Range 31E , 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"/> | 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"/> | Address (Give address to which approved copy of this form is to be sent) |
| Natural Gas Pipeline Company of America | P. O. Box 283, Houston, Texas 77001 |
| If well produces oil or liquids, give location of tanks. | Is gas actually connected? When Yes May 24, 1976 |

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 <input type="checkbox"/> | Gas Well <input checked="" type="checkbox"/> | New Well <input checked="" type="checkbox"/> | Workover <input type="checkbox"/> | Deepen <input type="checkbox"/> | Plug Back <input type="checkbox"/> | Same Res'v. <input type="checkbox"/> | Diff. Res'v. <input type="checkbox"/> |
| Date Spudded 4-1-75 | Date Compl. Ready to Prod. 8-4-75 | Total Depth 15,120' | P.B.T.D. 14,660' | | | | | |
| Elevations (DF, RKB, RT, GR, etc.) 3506' KB | Name of Producing Formation Lower Pennsylvanian | Top Oil/Gas Pay 13,508' | Tubing Depth 11,968' | | | | | |
| Perforations 13,508-14,622' Total of 50 shots. | | Depth Casing Shoe | | | | | | |

TUBING, CASING, AND CEMENTING RECORD

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|-----------|----------------------|----------------|--------------|
| 17-1/2" | 13-3/8" OD | 639' | 700 sacks |
| 12-1/2" | 10-3/4" OD | 4430' | 2200 sacks |
| 9-1/2" | 7-5/8" OD | 12,534' | 3400 sacks |
| 6-1/2" | 5" OD | 12,096-14,966' | 600 sacks |

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 8/2 | Length of Test 10.5 hr. | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (pitot, back pr.) Back Pressure | Tubing Pressure (shut-in) 5967 | Casing Pressure (shut-in) 0 | Choke Size Variable |

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) **LELAND FRANZ** Leland Franz
 (Signature)

District Production Manager
 (Title)

June 4, 1976
 (Date)

OIL CONSERVATION COMMISSION

APPROVED JUN 7 1976, 19____
 BY W. A. Gussett
 TITLE **SUPERVISOR, DISTRICT II**

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 tested wells.