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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL ☒ GAS ☒
OPERATOR	
PRORATION OFFICE	

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

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

Operator Skelly Oil Company	
Address Rm. 208, Goodstein Bldg. 330 So. Center, Casper, Wyo. 82601	
Reason(s) for filing (Check proper box)	
New Well ☐	Change in Transporter of: Oil ☒ Dry Gas ☐ Casinghead Gas ☒ Condensate ☐
Recompletion ☐	
Change in Ownership ☐	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla B	Well No. 11	Pool Name, including Formation Otero Gallup	Kind of Lease State, Federal or Fee Federal	Lease No. Cont. #68
Location Unit Letter B ; 660 Feet From The North Line and 1980 Feet From The East Line of Section 5 Township 24 N Range 5 W , N.M.P.M., Rio Arriba County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Plateau Inc.	Address (Give address to which approved copy of this form is to be sent) Box 108, Farmington, N. M. 87401	
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Skelly Oil Co.	Address (Give address to which approved copy of this form is to be sent) 330 So. Center, Casper, Wyo. 82601	
If well produces oil or liquids, give location of tanks.	Unit B Sec. 28 Twp. 24 N Rge. 5 W	Is gas actually connected? Yes When _____

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't.	Diff. Res't.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

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	Length of Test	Bbls. Condensate/GAS	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	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.

Area Clerk

7-23-74

OIL CONSERVATION COMMISSION

APPROVED
Original Signed by Emery C. Arnold 19_____
BY _____

TITLE **SUPERVISOR DIST. #3**

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.