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SANTA FE		1			
FILE		1	1.		
U.S.G.S.					
LAND OFFICE					
IRANSPORTER	OIL	1			
	GAS	1			
OPERATOR					
PRORATION OFFICE					
Operator					
Skelly Oil Company					
Address					

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

	SANTA FE /	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-11 Effective 1-1-65			
	U.S.G.S.	 	AND ANSPORT OIL AND NATURAL	* * **			
	LAND OFFICE	- NOTIONIZATION TO TRI	ANSI OKT OIL AND NATURAL	GAS			
	TRANSPORTER OIL / GAS /						
	OPERATOR 2						
1.	PRORATION OFFICE						
	Skelly Oil Company Address						
	Box 730, Hobbs, Nev	Mexico					
	Reason(s) for filing (Check proper ba	Change in Transporter of:	Other (Please explain) Well transferre	d from # # di			
	Recompletion	Oil Dry G					
	Change in Ownership	Casinghead Gas Conde	ensate				
	If change of ownership give name and address of previous owner						
II.	DESCRIPTION OF WELL AND	LEASE					
	Lease Name	Well No. Pool Name, Including F		Lease 1101			
	Location	C) 18 Otero Gallup	State, Federa	Federal Cont #68			
	Unit Letter 🕎 ; 🐧 🧣	RO Feet From The House Lin	ne and Feet From	The			
	Line of Section T		201.0	West			
	Line of Section 31 To	ownship Range	, NMPM,	County			
III.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA					
	Name of Authorized Transporter of C	m,	Address (Give address to which appro	•			
	Camerland Pipelines. Name of Authorized Transporter of Co	asinghead Gas or Dry Gas	Address (Give address to which appro	ved copy of this york ? to be sent)			
	El Paso Matural Cas (Company .	Is gas actually connected? Wh				
	If well produces oil or liquids, give location of tanks,	Tinit Sec. Twp. Rge.	Is gas actually connected? Wh	en			
ì	If this production is commingled w	ith that from any other lease or pool,	give commingling order number:				
	COMPLETION DATA	Otl Well Gas Well		Interpret Company			
	Designate Type of Completi		New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.			
	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			
		The state of the s	100 011/ 045 1 4/	Tubing Septin			
İ	Perforations			Depth Casing Shoe			
ŀ	TUBING, CASING, AND CEMENTING RECORD						
ŀ	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
-							
	TEST DATA AND REQUEST F	FOR ALLOWABLE (Test must be a		and must be equal to or exceed top allow-			
ī	OII, 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.)						
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size			
ŀ	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gan-MCF.			
ļ		<u> </u>		Light, com.			
	GAS WELL			Complete Condenses			
ſ	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate			
-	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size			
	resting method (phot, back pr.)	. unity Piessure (Shut-In)	Cusing Pressure (Success)	Choke Size			
VI.	CERTIFICATE OF COMPLIAN	ICE	OIL CONSERVA	TION COMMISSION			
			NOV 1 4 1966 19 19				
	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.		Original Signed by A. R. Kendrick					
			TITLE PETROLEUM	ENGINEER DIST NO. 3			
		(SIGNED) H. E. ARE	11	compliance with RULE 1104.			
-	(Sign	(Signature)		If this is a request for allowable for a newly drilled or despened well, this form must be accompanied by a tabulation of the deviation			
	District Superintendent (Title)		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.				
-							
November 10, 1966		ate,	Fill out only Sections I, II well name or number, or transport	I. III, and VI for changes of owner, er, or other such change of condition.			

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

