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	DISTRIBUTION	NEW MEXICO OIL CONSERVATION COMMISSION Form C-104						
	SANTA FE	REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-11						
	U.S.G.S.	AND Effective 1-1-65						
	LAND OFFICE	AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL (GAS				
	OIL							
	TRANSPORTER GAS /							
	OPERATOR 2							
1.	PROPATION OFFICE	PROPATION OFFICE Operator						
	Skelly Oil Company Address							
	Rm. 208. Goo.	dstein Bldg. 330 So. Ce	nter. Casper. Wyo. 82601					
	Rm. 208. Goodstein Bldg., 330 So. Center, Casper, Wyo. 82601 Reason(s) for filing (Check proper box) Character Transported to Transported Transported to Transported to Transported to Transported to Transported Transporte							
	New Well Change in Transporter of: Recompletion Oi! Dry Gas V							
	Recompletion Ot! Dry Gas X Change in Ownership Casinghead Gas Condensate							
	If change of ownership give name and address of previous owner							
11.	DESCRIPTION OF WELL AND LEASE							
	Lease Name	Well No. Pool Name, Including F		Cease .10.				
	Jicarilla "C"	" 15 Otero Chacra	State, Federa	l or Fee				
	Unit Letter G; 1650 Feet From The North Line and 1650 Feet From The West							
	Line of Section 34 Township 25 N Range 5 W , NMPM, Rio Arriba County							
111.	Name of Authorized Transporter of Other	or Condensate	AS Address (Give address to which approx	ved copy of this form is to be sent)				
	Name of Authorized Transporter of Ca	zsinghead Gas or Dry Gas X	Address (Give address to which approx	ved copy of this form is to be sent)				
	Skelly 0il Co	ompany	330 So. Center, Casper, Wyo. 82601					
	If well produces oil or liquids, Unit Sec. Twp. Rge. Is gas actually connected? When give location of tanks.							
	f this production is commingled with that from any other lease or pool, give commingling order number:							
••.	Designate Type of Completic	on - (X) Gas Well	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				
	Perforations			Depth Casing Shoe				
	TUBING, CASING, AND CEMENTING RECORD							
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT				
			1 100	<u> </u>				
			1 10					
			Oile	OIL Die				
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 allowable. OIL WELL							
	OH WELL	OR ALLOWABLE (Test must be a	enth of he for full 24 hours)					
	Date First New Cil Run To Tanks	OR ALLOWABLE (Test must be a able for this de	epth or be for full 24 hours) Producing Mathod (Flow, pump, gas lif	t, etc.)				
		able for this de		t, etc.)				
		able for this de		Choke Size				
	Date First New Cil Run To Tanks	able for this de	Producing Method (Flow, pump, gas lif					
	Date First New Cil Run To Tanks Length of Test Actual Prod. During Test	able for this de	Producing Method (Flow, pump, gas lif	Choke Size				
	Date First New Cil Run To Tanks Length of Test	able for this de	Producing Method (Flow, pump, gas lif	Choke Size				

VI. CERTIFICATE OF COMPLIANCE

Area Clerk

7-23-74

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.

(Date)

OIL CONSERVATION COMMISSION

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APPROVED	 	 19
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Old C-104 and C-110

BY Original Signed by Emery C. Arnold CLEETISON DIST

TITLE __

This form is to be filed in compliance with AULE 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 MULE 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. The former was be filled for each next in multiply