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	NO. OF COPIES RECEIVED 5	NEW MEXICO OIL CONSERVATION COMMISSION Form C-104 REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-1 AND Effective 1-1-65				
	SANTA FE /					
	U.S.G.S.	AUTHORIZATION TO TRA		NATURAL GA	AS	
	LAND OFFICE				(FPC)	
	TRANSPORTER GAS	¬ -{			RLL	, N
	PRORATION OFFICE	-				,
•	Skelly Oil Company					
	Address Off. COM.					
	1860 Lincoln Str Reason(s) for filing (Check proper box	eet, Denver, Colorado 302	203 Crei (Pleas	e explain)		
	New Well	· Change in Transporter of:		. captain)		
	Recompletion Change in Ownership	Otl Dry Gas Cassinghead Gas Conden	s sate X			
	If change of ownership give name					
	and address of previous owner					
П.	DESCRIPTION OF WELL AND Lease Name	mation Kind of Lease No.			Lease No.	
	Jicarilla "C"	26 Basin Dakot	a Gas Pool	State, Federal	or Fiee Federal	Cont #34
	Location Unit Letter :185	60 Feet From The South C.n.	e and 790	Feet From Ti	ne East	
		0.5%	pay w		Arriba	G
	Line of Section 21 To	wnship 25N Adulya	AGMA, WC	i, N.L.C	MILLUA	County
IJ.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	Address (Give address	to which approve	ed copy of this form is to	be sent)
	Name of Authorized Transporter of Cil or Condensate Address (Give address to which approved copy of this form is to be sent) Camerland Pipe Line, Inc. 1001 West Center Avenue, Denver, Colorado 80233					
	Name of Authorized Transporter of Ca	singhead Gas or Dry Gas _X_	Address (Give address to which approved copy of this form is to be sent) 1860 Lincoln Street, Denver, Colorado 80203			
	Skelly Oil Company If well produces oil or liquids,	Unit Sec. Twp. Figs.	Is gas actually connect			80203
	give location of tanks.	I 21 25st 5W			June 5, 1969	}
	If this production is commingled wi COMPLETION DATA	ith that from any other lease or post.		r number:		
	Designate Type of Completi-	on = (X) Oil Well Classe X	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.	
	4/18/64 Flevetions (DE RKR PT CR	7/4/64 Name of Producing Formation	7330 Tor Cil/Gas Pay		7261."	
		Basin Dakota			7037'	
	Perforations 7052-7062' and 7174-7240'				Depth Casing Shoe	
	7052-7062 and 7174-7240 7526 TUBING, CASING, AND CEMENTING RECORD					
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT	
		8-5/3" 4-1/2"	334 ¹ 7328 ¹		250 710	
v	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	fter recovery of total vol	ume of load oil a	nd must be equal to or e	xceed top allow
٧.	TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Oute First New Oil Run To Tanks Date of Test Other First New Oil Run To Tanks Oute of Test Other First New Oil Run To Tanks Oute of Test Other First New Oil Run To Tanks Oute of Test Oute Office of Test Oute Oute Oute Oute Oute Oute Oute Oute					
	Date First New Oil Aut. 10 1 diles	Sale of Tool				
	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 3 hours	Bbls. Condensate/MMC)F	Gravity of Condensate	
	1026 Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Spray Cosing Pressure (Shu	t-in)	Choke Size	
	Pitot	1728	Packer		3/411	
VI.	CERTIFICATE OF COMPLIAN	OIL CONSERVATION COMMISSION JUL 1 69 1969				
	I hereby certify that the rules and regulations of the Oil Conservation		AFROVED			
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		BY Original Signed by Emery C. Arnold SUPERVISOR DIST. #5			
	4 .		TITLE		ERVISOR DIST. #3	
	A Losha H		This form is to be filed in compliance with RULE 1104.			
	Xi Zi Impass		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			
	District (Signature) District (Manager)		tests taken on the	well in accord	dance with RULE 11	1.
	One that the state of the state		All sections of this form must be filled out completely for allow-			

July 11, 1969 (Date)

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 completed wells.

All sections of this form must be filled out completely for allowable on new and recompleted wells.