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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 1-1-65

I. 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:  
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 <b>Lydia Rents</b>	Well No. <b>4</b>	Section, Township and Range <b>Point Lookout-Mesa Verde</b>	Kind of Lease State, Federal, or Fee <b>Federal</b>	Lease No. <b>SF079601</b>
Location Unit Letter <b>A</b> <b>990'</b> Feet From The <b>North</b> <b>990'</b> Feet From The <b>East</b> Line of Section <b>19</b> Township <b>25N</b> Range <b>3W</b> <b>Rio Arriba</b> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Where to be filed (to which approved copy of this form is to be sent)
<b>Shateca</b>	<b>El Paso Natural Gas Co.</b>	<b>Box 990, Farmington, N. M.</b>
If well produces oil or liquids, give location of tanks.	Unit <b>A</b> Sec. <b>19</b> Twp. <b>25N</b> Rge. <b>3W</b>	Is gas to be produced? <b>No</b> When?
		<b>Approx. 30 days.</b>

If this production is commingled with that from any other lease or pool, give a commingled pool number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Drilled Well <input checked="" type="checkbox"/>	Gas Well <input checked="" type="checkbox"/>	Deepened Well <input checked="" type="checkbox"/>	Plug Back <input checked="" type="checkbox"/>	Same Res'tv. <input checked="" type="checkbox"/>	Diff. Res'tv. <input checked="" type="checkbox"/>
Date Spudded	Date Comp. Ready to Prod.	Date Depth	P.B. Date			
	<b>11-1-73</b>	<b>8298'</b>	<b>6000'</b>			
Elevations (DF, RAB, RT, GR, etc.)	Name of Producing Formation	Tubing Depth	Depth Casing Shoe			
<b>7292' KB</b>	<b>Point Lookout</b>	<b>5907'</b>	<b>5913'</b>			
Perforations						
<b>5908'-5938'</b>						
TUBING, CASING, AND CEMENTING RECORD						
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
<b>7-7/8"</b>	<b>5 1/2" OD - 2.375"</b>	<b>Csg. 8298', Tbg 5913'</b>	<b>Csg. 750</b>			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

Test must be after recovery of first sample of lead oil and must be equal to or better than allowable for this density or better than lead oil.

Date First New Oil Run To Tanks	Date of Test	Producing Form (Flow pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Foots	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Basic Gas Density (SG)	Gravity of Condensate
<b>2825</b>	<b>3 hrs.</b>		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
<b>Back Pr.</b>	<b>1250</b>	<b>1264</b>	<b>1"</b>

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 Supt.**  
(Signature)  
(Title)  
(Date)

OIL CONSERVATION COMMISSION

APR 25 1974

APPROVED \_\_\_\_\_ 19\_\_\_\_\_  
BY **Original Signed by Mary C. April 11**  
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.  
This form must be filed for each pool in multiply