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| 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

B.K.

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 [ ] Recompletion [X] Change in Ownership [ ] Change in Transporter of: Oil [ ] Dry Gas [ ] Casinghead Gas [ ] Condensate [ ] Other *(Please explain)*:

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

II. DESCRIPTION OF WELL AND LEASE

| Lease Name | Well No. | Pool, Including Formation | Kind of Lease (State, Federal or Fee) | Lease No. |
|---|---|---|---|---|
| C. W. Roberts | 4 | Undesignated Gallup | Federal | |

Location: Unit Letter M; 660 Feet From The South Line and 660 Feet From The West Line

Section 17; Township 25N; Range 3W; County Rio Arriba

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.**

Name of Authorized Transporter of Casinghead Gas [X] or Dry Gas [ ]: **El Paso Natural Gas** Address *(Give address to which approved copy of this form is to be sent)*: **Box 990, Farmington, N. M.**

If well produces oil or liquids, give location of tanks: Unit O; Sec. 18; Twp. 25N; Rge. 3W. Is gas actually connected? **No** 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 Resv. | Diff. Resv. |
|---|---|---|---|---|---|---|---|---|
| | X | | | X | | X | | X |

| Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. |
|---|---|---|---|
| 6-15-53 | 7-25-53 | 8220' | 7400' |

| Elevations *(DF, RKB, RT, GR, etc.)* | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth |
|---|---|---|---|
| 7142' GL | Gallup | 6960' | 7062' |

Perforations: 6960'-7250' Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|---|---|---|---|
| | 13-3/8" OD | 316' | 350 |
| | 5-1/2" OD | 8247' | 375 |
| | 2-3/8" OD tbg. | 7062' | |

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 for this depth or be for a full 24 hours)*

OIL WELL

| Date First New Oil Run To Tanks | Date of Test | Producing Method (Flow, pump, gas lift, etc.) |
|---|---|---|
| 4-7-74 | 4-7-74 | Pump |

| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
|---|---|---|---|
| 24 hrs. | 25 | 436 | |

| Actual Prod. During Test | Oil-Bbls. | Water-Bbls. | Gas-MCF |
|---|---|---|---|
| | 9 | | MCF |

GAS WELL

| 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 |
|---|---|---|---|
| | | | |

OIL CON. COM. APR 3 1974 DIST. 3

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.

L. L. Wyatt *(Signature)*

Area Clerk *(Title)*

*(Date)*

OIL CONSERVATION COMMISSION

APPROVED _____, 19 _____

BY _____

TITLE _____

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.

C-104 must be filed for each pool in multiply