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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  
Stelly Oil Company  
Address  
P.O. Box 730, Hobbs, New Mexico  
Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter of:  
Recompletion ☐ Oil ☒ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐  
Other (Please explain)  
Effective March 1, 1967

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

NOTE: Well Shut in

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Gallegos Gallup Sand Ut.	2	Gallegos Gallup	State, Federal or Fee	Federal
Location				
Unit Letter	0	660	Feet From The	South
Line of Section	25	Township	27-N	Range
			13-W	NMPM, San Juan
				County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
The Permian Corporation	P.O. Box 3119 - Midland, Texas	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
El Paso Natural Gas Company	P.O. Box 990, Farmington, New Mexico	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	A	36
		27-N
		13-W
Is gas actually connected?	When	
Yes		

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 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		

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(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 full 24 hours)

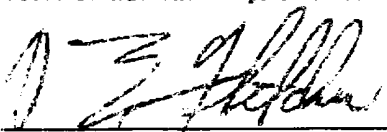
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

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

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.

  
District Superintendent  
March 3, 1967  
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAR 6 1967  
BY Original Signed by Emery C. Arnold  
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.  
Separate Forms C-104 must be filed for each pool in multiply completed wells.

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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  
P.O. Box 730, Hobbs, New Mexico  
Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter of:  
Recompletion ☐ Oil ☒ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐  
Other (Please explain)  
Effective March 1, 1967

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE NOTE: Well Shut in  
Lease Name Gallegos Gallup Sand Ut. Well No. 2 Pool Name, Including Formation Gallegos Gallup Kind of Lease State, Federal or Fee Federal Lease No.  
Location  
Unit Letter 0 660 Feet From The South Line and 1900 Feet From The East  
Line of Section 25 Township 27-N Range 13-W, NMPM, San Juan County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil ☒ or Condensate ☐  
The Permian Corporation Address (Give address to which approved copy of this form is to be sent)  
P.O. Box 3119 - Midland, Texas  
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐  
El Paso Natural Gas Company Address (Give address to which approved copy of this form is to be sent)  
P.O. Box 990, Farmington, New Mexico  
If well produces oil or liquids, give location of tanks. Unit A Sec. 36 Twp. 27N Rge. 13W Is gas actually connected? Yes When

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

V. COMPLETION DATA  
Designate Type of Completion - (X) Oil Well 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

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (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 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  
Actual Prod. During Test Oil - Bbls. Water - Bbls. Gas - MCF  
RECEIVED  
MAR 6 1967  
OIL CON. COM.  
DIST. 3

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

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.  
District Superintendent  
March 3, 1967  
OIL CONSERVATION COMMISSION  
APPROVED MAR 6 1967  
BY Original Signed by Emory C. Arnold  
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.  
Separate Forms C-104 must be filed for each pool in multiply completed wells.

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)

Form approved.  
Budget Bureau No. 42-R1424

5. LEASE DESIGNATION AND SERIAL NO.  
**SF-078391-A**  
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

**SUNDRY NOTICES AND REPORTS ON WELLS**

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. ☒ OIL WELL ☐ GAS WELL ☐ OTHER  
2. NAME OF OPERATOR  
**Skelly Oil Company**  
3. ADDRESS OF OPERATOR  
**1860 Lincoln Street - Denver, Colorado 80203**  
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface  
**660' FSL & 1980' FEL Section 25-27N-13W**

7. UNIT AGREEMENT NAME  
**Gallegos Gallup Sand Unit**  
8. FARM OR LEASE NAME  
9. WELL NO.  
**2**  
10. FIELD AND POOL, OR WILDCAT  
**Gallegos Gallup**  
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
**Sec. 25-27N-13W**  
12. COUNTY OR PARISH  
**San Juan**  
13. STATE  
**New Mexico**

14. PERMIT NO.  
15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
**5960' GR**

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/>	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

This well has reached the economic limit and is no longer profitable to operate.  
Plans are to plug and abandon this well and plug as follows:

First Plug - Across Gallup Zone perms. 5128'-5096' filling up 50' to 5046'.  
Second Plug - 50' inside 5 1/2" casing & 50' above where casing is shot in two.  
Third Plug - 100' plug above top of Mesa Verde formation (unless production casing is left remaining through this zone)  
Fourth Plug - 100' plug at the bottom of Ojo Alamo Sand (unless surface casing is set through the Ojo Alamo Sand.)  
10 sacks of cement in top of surface casing with dry hole marker.



18. I hereby certify that the foregoing is true and correct

SIGNED Leland F. Perry TITLE District Superintendent

DATE November 17, 1967

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

DATE **RECEIVED**

NOV 22 1967

\*See Instructions on Reverse Side

U. S. GEOLOGICAL SURVEY  
FARMING N. N.