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I.	PRORATION OFFICE	<del>                                      </del>	1				
1.	Operator	· <del></del>					
		_					
	Address		ikally O	II Com			
	71447055						
	Reason(s) for filing (Check proper box)						
	New Well	roper box,		e in Transj			
				e in Transi			
	Recompletion		011				
	Change in Ownership		Casino	head Gas			
	If change of ownership give name and address of previous owner						
	DESCRIPTION OF HIS						
11.	DESCRIPTION OF WEL	L AND		lo. Pool N			
	Lease Name			10. FOOI N			
	Gallegoe Gallup S	and Ut	1	Ga			
	Unit Letter K	800	Feet I	From The			
	Line of Section 25	Том	vnship <b>2</b>	710			
	Ellie of Section 23	10	mamp Z	7)K			
III.	Name of Authorized Transporter of Oil or Condense						
	The Permian Corporation  Name of Authorized Transporter of Casinghead Gas or						
		_		•			
	El Paso Natural		Unit S	ec. T			
	If well produces oil or liquidate give location of tanks.	в,	F 3				
IV	If this production is commingled with that from any other  V. COMPLETION DATA  Designate Type of Completion — (X)						
•••							
	Date Spudded Date Compl. Ready t						
	Date Spaaged	Date Compi	. Reday to				
	Elevations (DF, RKB, RT, G	Name of Pr	oducing Fo				
	Perforations						
			TUBING				
	HOLE SIZE		CASING & TUE				
V.	TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL						
			Date of Tes				
	Date First New Oil Run To T	anks	Date of 1ee	,			
		dnks					
	Date First New Oil Run To T	dnks	Tubing Pres				

(Date)

DISTRIBUTION	NEW MEXICO OU C	CONSERVATION COMMISSION	B 0 10:		
SANTA FE /		REQUEST FOR ALLOWABLE  Form C-104  Supersedes Old C-104			
FILE /	4	AND Supersease AND			
U.S.G.S.	AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL (	CAS		
LAND OFFICE	- ACTIONIZATION TO TRA	THE THE MATURAL	JAJ		
TRANSPORTER OIL /	7				
GAS /					
OPERATOR	7				
PRORATION OFFICE					
Operator					
	Skelly Cil Company				
Address	SERILLY OLL COmpany				
-	7 0 7 - 920 Habe Wee	Manada			
Reason(s) for filing (Check proper bo	P.O. Box 730, Robbs, New	Other (Please explain)			
New Well	Change in Transporter of:	(**************************************			
Recompletion	Oil Dry Go				
Change in Ownership	Casinghead Gas Conder	Ellective Mar	ch 1, 1967°		
	30.00				
If change of ownership give name					
and address of previous owner					
DESCRIPTION OF WELL AND	LEACE				
Lease Name	Well No. Pool Name, Including F	ormation   Kind of Leas	9		
		State Federa			
Gallegoe Gallup Sand I	St. 1 Gallagoe Gal	lup State, redera	or Fee Federal		
Unit Letter <u>M</u> ; 800	Feet From The <b>South</b> Lin	ne and <b>800</b> Feet From '	The West		
Line of Section 25 To	ownship 271 Range 131	, NMPM, San Ju	County		
	RTER OF OIL AND NATURAL GA				
Name of Authorized Transporter of O		Address (Give address to which appro-	ved copy of this form is to be sent)		
The Permisa Corporation	on.	P.O. Box 3119, Midland	l. Texas		
Name of Authorized Transporter of Co	Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be				
F1 Page Netural Cas Co	•		on, New Mexico		
El Paso Natural Gas Co	Unit Sec. Twp. Rge.	Is gas actually connected? Who			
If well produces oil or liquids, give location of tanks.	F 36 27N 13W		7		
		Yes			
	ith that from any other lease or pool,	give commingling order number:			
. COMPLETION DATA	Oil Well Gas Well	New Well Worksyer Deeper	Blug Book   Some Books   Diff Books		
Designate Type of Completi		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		
			FIFTH		
TEST DATA AND DECLIEST S	OR ALLOWARIE (Tank	for recovery of total values of load of			
. TEST DATA AND REQUEST F OIL WELL	able for this de	fter recovery of total volume of load oil ( pth or be for full 24 hours)	and must be to a for the for allow-		
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lij	t, etc)		
		,, pane, gan 11	MAR 6 1967		
Length of Test	Tubing Pressure	Casing Pressure			
Taildin Or Last			Cho CON. COM.		
Actual Deed Duster West	Oil-Bbls.	Water-Bbls.			
Actual Prod. During Test	OII-BDIS.	HAIGE - DDIE.	Gas - Mr F		
	1	<u> </u>			
			•		
GAS WELL			<del></del>		
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		
CERTIFICATE OF COMPLIAN	CF	OH CONSERVA	TION COMMISSION		
CERTIFICATE OF COMPLIAN	CE	UIL CONSERVA	OIL CONSERVATION COMMISSION		
		APPROVED MAR 6 1987 . 19			
I hereby certify that the rules and	regulations of the Oil Conservation with and that the information given	AFFROVED			
	e best of my knowledge and belief.	BY Original Signed by Living di Armobit  SUPERVISOR Living di Armobit			
	•	CITIDERVISOR	224 33		
_	_	TITLE			
1 11	n				
N 9 94/1		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 accompan	nied by a tabulation of the deviation		
The state of the s	Mark Harry /	tests taken on the well in accord	dance with RULE 111.		
District Superin			at be filled out completely for allow-		
·	itle)	able on new and recompleted we			
March 3 1967			III, and VI for changes of owner, er, or other such change of condition.		
. /h	(mea.)	· well name or number, of transport	en or other such change of condition.		

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.