NO. OF COPIES RECEIPT.			
DISTRIBUTION	NEW MEXICO OIL	CONSER /ATION COMMISSICE	Form C-104
SANTA FE		REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS	
U.S.G.S.	AUTHORIZATION TO TE		
LAND OFFICE		RANSPORT OIL AND NATURAL GA	12
TRANSPORTER			
OPERATOR			
PRORATION OFFICE			
Operator	Skelty Oil Company		
Address	DECISY OIL COMPANY		
	P.O. Box 730, Hobbs, New M		
Reason(s) for filling (resproper New Well	Change in Transporter of	Other (Please explain)	
Recompletion	Oil Dry (Gas	
Change in Owners:	Casinghead Gas Cond	ensute XX Effective March l	, 1967
If change of ownership give name			
and address of previous owner.			
. DESCRIPTION OF WELL AS	ND LEASE Well No. Pool Name Including	Formation Rand of Lease	
Marshall Gentle	l Blanco Mesav		Legse No. Fee Federal SW-33
Location	22000 10384	- Case	tegerat ba-2')
Unit Letter K _ 1	650 Feet From The South	dine and 1650 Fee Fron To	West
Line of Section 14	Township 27% Range	OFT NIVEN O	
Line of Section 14	Township 278 Range	9W , NMPM San Jua	n County
DESIGNATION OF TRANSPO	ORTER OF OIL AND NATURAL G		
Name of Authorize		Admess (Give address to which approve	, and the second
The Permian C	Corporation Cosinghed Gas or Dry Gas	P.O. Box 3119, Midland,	Texas
i	cal Gas Company	P.O. Box 990, Farmingto	
If well produces as a consider,	Unit Sec. Twp. Age.	is its zettally connected. When	
give location of the sa.	K 14 27N 9W	Yes 5	-20-63
	i with that from any other lease or pool	l, give commingling order number:	
. COMPLETION DATA	Oil Well Gas Well	New Well Workover Respen	Flug Book Same Festy, Diff. Resty.
1 0 0 00 1			
Designate Type of Compl	l		
Designate Type of Compl	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Date Spuddes	Date Compl. Ready to Prod.		· · · · · · · · · · · · · · · · · · ·
	Date Compl. Ready to Prod.		P.B.T.D.
Date Spuddes	Date Compl. Ready to Prod.	Top Di Gas Pay	· · · · · · · · · · · · · · · · · · ·
Date Spuddes $\begin{tabular}{ll} $	Date Compl. Ready to Prod. Name of Producing Formation	Top Di. Gas Pay	Triping Depth Depth Casing Shoe
Date Spuddes	Date Compl. Ready to Prod. Name of Producing Formation TUBING, CASING, A	Tap DL/Gas Pay	Tribunit Depth Depth Cosing Shoe
Date Spuddes $\begin{tabular}{ll} Date Spuddes \\ \hline Elevations $\begin{tabular}{ll} DF, & E.E., & & GE, etc. \end{tabular}$	Date Compl. Ready to Prod. Name of Producing Formarien TUBING, CASING, AN CASING & TUBING SIZE	Tap 31. (Sas Pay ND CEMENTING RECORD DEPTH SET	Depth Cosing Shoe
Date Spuddes	Date Compl. Ready to Prod. Name of Producing Formation TUBING, CASING, AI CASING & TUBING SIZE	Top 31. (Sas Pay ND CEMENTING RECORD DEPTH SET	The Depth Depth Cosing Shoe SACKS CEMENT
Date Spudden Elevations DF, EFS, EFS GE, etc. Perforations	Date Compl. Ready to Prod. Name of Producing Formation TUBING, CASING, AI CASING & TUBING SIZE	Top 31. (Sas Pay ND CEMENTING RECORD DEPTH SET	Depth Cosing Shoe
Date Spudden Elevations (DF, RES, REG, REC Perforations HOLE SIZE	Date Compl. Ready to Prod. Name of Producing Formation TUBING, CASING, AI CASING & TUBING SIZE	Top 31. Gas Pay ND CEMENTING RECORD DEPTH SET	Depth Cosing Shoe SACKS CEMENT
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Date Spudden Elevations (DF, MEA, M. GR, etc.) Perforations HOLE SIZE . TEST DATA AND REQUESTOIL WELL Date First New Co. Record Tanks	Date Compl. Ready to Prod. TUBING, CASING, AI CASING & TUBING SIZE FOR ALLOWABLE (Test must be able for this abl	ND CEMENTING RECORD DEPTH-SET after recovery of total volume of load o.l and depth or be for full 24 hours Producing Method (Flow pump. gas lift,	SACKS CEMENT a must be equal to or exceed top allowerc.)
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Date Spuddes Elevations (DF, Mich, M., GK, etc.) Perforations HOLE 5: ZE TEST DATA AND REQUEST OIL WELL Date First New Co. B. To Tanks Length of Test Actual Prod. Durin; Test Testing Method (p. t. t. bank pr.) CERTIFICATE OF COMPLI I hereby certify that the rules a Commission have been compli	TUBING, CASING, A) CASING & TUBING SIZE TFOR ALLOWABLE Tubing Pressure Oil-Bbis. Length of Test Tubing Pressure (Shut-in) ANCE	APPROVED ND CEMENTING RECORD DEPTH SET OEPTH SET OE	Triping Depth Depth Cosing Shoe SACKS CEMENT SACKS CEMENT a must be equal to or exceed top allow erc.) Choke Size Choke Size Choke Size Choke Size ON COMMISSION , 19

(Signature) District Superintendent

(Date)

March 9, 1967

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or despened 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.