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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  
 Effective 1-1-65

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FEB 11 1972

(51)

O. C. C.  
 ARTEZIA OFFICE

I. OPERATOR

Operator: Bill Jones Oil Company ✓

Address: Box 2606, Odessa, Texas 79760

Reason(s) for filing (Check proper box)

New Well  Change in Transporter of: Oil  Dry Gas   
 Recompletion  Oil  Condensate   
 Change in Ownership  Casinghead Gas  Other (Please explain) from Admiral Crude Oil Corp.

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

|   |                      |  |  |                           |
|---|----------------------|--|--|---------------------------|
| Lease Name<br><u>Skelly State</u>   | Well No.<br><u>3</u> | Pool Name, including Formation<br><u>High Lonesome Queen</u> | Kind of Lease<br>State, Federal or Fee<br><u>State</u> | Lease No.<br><u>E-134</u> |
| Location<br>Unit Letter <u>F</u> <u>1980</u> Feet From The <u>West</u> Line and <u>1980</u> Feet From The <u>North</u><br>Line of Section <u>16</u> Township <u>16S</u> Range <u>29E</u> , NMPM, <u>Eddy</u> 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"/><br><u>Scurlock Oil Company</u> | Address (Give address to which approved copy of this form is to be sent)<br><u>1216 Vaughn Bldg., Midland, Texas 79701</u> |                   |                    |                     |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/><br><u>Nonmarket</u>               | Address (Give address to which approved copy of this form is to be sent)<br>_____  |                   |                    |                     |
| If well produces oil or liquids, give location of tanks.  | Unit<br><u>G</u>   | Sec.<br><u>16</u> | Twp.<br><u>16S</u> | Range<br><u>29E</u> |
| Is gas actually connected?  |  | When              |                    |                     |

IV. COMPLETION DATA

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

|                                    |                             |          |                 |          |        |                   |              |               |
|------------------------------------|-----------------------------|----------|-----------------|----------|--------|-------------------|--------------|---------------|
| Designate Type of Completion - (X) | Oil Well                    | Gas Well | New Well        | Workover | Deepen | Plug Back         | Same Res'tv. | Diff. Res'tv. |
| 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 |              |               |

| 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 (pilot, 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.

Betty Ruth Norwood  
 (Signature)  
 President  
 (Title)  
 2-8-72  
 (Date)

OIL CONSERVATION COMMISSION  
 FEB 11 1972

APPROVED \_\_\_\_\_, 19\_\_\_\_  
 BY W. A. Grasset  
 TITLE OIL AND GAS INSPECTOR

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.