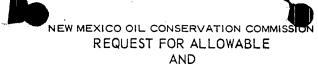
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LANDOFFICE	1 11	1/1	5	ŀ
TRANSPORTER	ÓIL	1	il ji.	1
	GAS		711	1
OPERATOR	1 - 10 May 1 - 9 May 200	¥ 45.20	$\mathcal{P}(R_p)$	1
PRORATION OF	FICE			1
Operator		•		1
	7	Fexa	co l	ĺ
Address		Draw	7er	4
	¥	Tobb	s, I	į
Reason(s) for filing	(Check	proper	box)	-
New Well			•	
Recompletion				

(Date)



	SANTA FE	i e	CONSERVATION COMMISSION FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65	
	U.S3G.S.	AUTHORIZATION TO TRA	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL (
	TRANSPORTER GAS	# 	,*************************************	5. 1.	
	OPERATOR	- - <			
I.	PRORATION OFFICE Operator				
	Address Drawer			· '	
	Hobbs,	N. M. 88246	. ,	•	
	Reason(s) for filing (Check proper box New Well Recompletion Change in Ownership	Change in Transporter of: Oil Dry Go Casinghead Gas Conde	as	ll number from 1308 to 60	
ş: "\ #	If change of ownership give name and address of previous owner				
11.	DESCRIPTION OF WELL AND	LEASE			
	West Lovington Unit	Well No. Pool Na	me, Including Formation t Lovington	Kind of Lease State, Federal or Fee	
	Unit Letter L ; 66	O Feet From The West Lir	ne and 1980 Feet Fr	om The South	
	Line of Section 8 , To	wnship 17-S Range 3	6-Е , ммрм,	Lea County	
III.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	is .		
	Name of Authorized Transporter of Oth Texas New Mexico Pip	or Condensate	Address (Give address to which ap	proved copy of this form is to be sent)	
	Name of Authorized Transporter of Ca				
	Skelly Oil Company If well produces oil or liquids,	Unit Sec. Twp. Rge.	P. O. Box 1135 - Eur Is gas actually connected?	New Mexico	
	give location of tanks.	I 5 17-S 36-E	Yes	Unknown	
IV.	If this production is commingled win COMPLETION DATA	th that from any other lease or pool,	give commingling order number:	7	
•	Designate Type of Completic	on - (X) 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.	
٠	Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
				Depth Casing Shoe	
			D CEMENTING RECORD		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
V.	TEST DATA AND REQUEST FOIL WELL Date First New Oil Run To Tanks		fter recovery of total volume of load opth or be for full 24 hours) Producing Method (Flow, pump, ga	oil and must be equal to or exceed top allow-	
	,				
i.,	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF	
	GAS WELL			<i>₩</i>	
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size	
VI.	CERTIFICATE OF COMPLIANO	CE	OIL CONSER	VATION COMMISSION	
	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.		APPROVED 119 2 3 1965 , 19		
			TITLE Engineer District 1		
	March		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened.		
,	ASST. DIST. SUPT.	ature)	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 allow-		
	JUN 1 5 1965 (Ti	le)	able on new and recompleted wells.		

Fill out Sections I, II, III, and VI only 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.