COPIES RECEIVED DISTRIBUTION NEW MEXICO ONL CONSERVATION COMMISSION REQUEST FOR ALLOWABLES. Form C-104 ANTA FE Supersedes Old C-104 and C-110 Effective 1-1-65 ILE AUTHORIZATION TO TRANSPORT BILL AND HATURAL GAS u.s.g.s. LAND OFFICE TRANSPORTER GAS OPERATOR PRORATION OFFICE Operator Skelly Oil Company Address P. O. Box 730 - Hobbs, New Mexico 88240 Reason(s) for filing (Check proper box) Other (Please explain) gheage of Lesse name from New Well Change in Transporter of: Recompletion McClure Fet. Well #19 effective June 1, 1969 Oil Dry Gas Change in Ownership Condensate Casinghead Gas If change of ownership give name and address of previous owner Atlantic-Richfield, Go., P. O. Box 1920, Hobbs, New Mexico 88240 II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Kind of Lease State, Federal or Fee Drinkerd Unit Dollarhide Tubb-Drinkard **Federal** Location 1650 1980 Feet From The **South** Line and Unit Letter Feet From The 38E Len 19 Township 248 Range , NMPM, Name of Authorized Transporter of Oil 🕰 Texas-New Mexico Pipeline Company Name of Authorized Transporter of Casinghead Gas or Dry Gas El Paso Natural Cas Company Sec. Unit Twp. Rge. Is gas actually connected? If well produces oil or liquids, give location of tanks. 0 30 248 38E Yes If this production is commingled with that from any other lease or pool, give commingling order number: Oil Well Gas Well Workover New Well Deepen Designate Type of Completion - (X) Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.

Best County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) P. O. Boz 1510 - Midlend, Texas 79701 Address (Give address to which approved copy of this form is to be sent) P. O. Box 1492 - El Paco, Texas 79999 IV. COMPLETION DATA Plug Back | Same Res'v. Diff. Res'v. 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 DEPTH SET HOLE SIZE CASING & TUBING SIZE SACKS CEMENT V. TEST DATA AND REQUEST FOR ALLOWABLE (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) OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Date of Test Length of Test Choke Size Tubing Pressure Casing Pressure 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 OIL CONSERVATION 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. TITL (ORIGINAL) V. E. FLETCHER

SIGNED

June 2, 1969

District Production Samages

(Title)

(Date)

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

Legse No.

LC 067968

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.