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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

JUL 31 9 10 AM '68

Operator

SKILLY OIL COMPANY

Address

P. O. Box 730 - Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Vada Pruitt	Well No. 1	Pool Name, including Formation Vada-Pennsylvanian R-356	Kind of Lease State, Federal or Fee Fee	Lease No.
Location				
Unit Letter "H"	660	Feet From The South	Line and 660	Feet From The West
Line of Section 15	Township 9S	Range 34E	NMPM, Lea	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"/>	Address (Give address to which approved copy of this form is to be sent)			
Pan American Petroleum Corp.	P. O. Box 3120 - Midland, Texas			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 15	Twp. 9S	Rge. 34E
	Is gas actually connected?		When	
	NO			

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Resrv. Diff. Resrv.
Date Spudded 6-19-68	Date Compl. Ready to Prod. 7-28-68		Total Depth 9835'		P.B.T.D. 9821'		
Elevations (DF, RKB, RT, GR, etc.) 4255' DF	Name of Producing Formation Undesignated		Top Oil/Gas Pay 9782'		Tubing Depth 9810'		
Perforations 9790-9796'					Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD							
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT		
17-1/2"	13-3/8"		381'		400		
1 1/2"	8-5/8"		4000'		600		
7-7/8"	4-1/2"		9835'		700		

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 7-28-68	Date of Test 7-28-68	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 Hours	Tubing Pressure 0-400	Casing Pressure 282	Choke Size 58/64"
Actual Prod. During Test	Oil-Bbls. 388	Water-Bbls. 282	Gas-MCF 790

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.

(ORIGINAL) **V. E. Fletcher**
(SIGNED)

(Signature)

District Production Manager

July 29, 1968

(Date)

OIL CONSERVATION COMMISSION

APPROVED

BY

TITLE

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.