

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

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DISTRIBUTION	
SANTA FE	
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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	
Operator	

SKELLY OIL COMPANY

Address
P. O. Box 710 - Hobbs, New Mexico

Reason(s) for filing (Check proper box)
New Well ☐
Recompletion ☐
Change in Ownership ☐

Change in Transporter of:

Oil ☐

Casinghead Gas ☒

Dry Gas ☐

Condensate ☐

Other (Please explain)

The gas line was disconnected January 1, 1968, as this well had ceased to produce gas.

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Las Cruces "B"	Well No. 4	Pool Name, including Formation Allison - Penn	Kind of Lease State, Federal or Fee Federal	Lease No. NM 03431
Location Unit Letter "T"	1874	Feet From The North	Line and 2086	Feet From The West
Line of Section 30	Township 8S	Range 37E	NMPM, Roosevelt County	

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) P. O. Box 3119, Midland, Texas 79701					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
well produces oil or liquids, or location of tanks.	Unit B	Sec. 30	Twp. 8S	Rge. 37E	Is gas actually connected? No	When

his 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.
<input checked="" type="checkbox"/> Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
ations (LF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
ations	Depth Casing Shoe							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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)

Test New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Test	Tubing Pressure	Casing Pressure	Choke Size
d. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

L	Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
od (pirot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	

STATE OF COMPLIANCE

fy that the rules and regulations of the Oil Conservation
ave been complied with and that the information given
and complete to the best of my knowledge and belief.

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

Strict Superintendent
(Title)

y 23, 1968
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY **[Signature]**
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.

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