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TRANSPORTER	OIL	
	GAS	
OPERATOR		
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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 C-110
Effective 1-1-65

OCT 11 1 00 PM '65

I. Operator **Skelly Oil Company**
Address **Box 737 - Hobbs, New Mexico**
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of: Oil ☐ Dry Gas ☐
Recompletion ☐ Casinghead Gas ☐ Condensate ☐
Change in Ownership ☐ Other (Please explain) *See below*

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE
Lease Name **Hobbs "T" - Tank Battery No. 1** Well No. **4** Pool Name, Including Formation **Chaveroe - San Andres** Kind of Lease **State**
Location **Unit Letter "G" ; 660 Feet From The South Line and 1900 Feet From The East**
Line of Section **33** , Township **7-S** Range **33-E** , NMPM, **Roosevelt** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐ **Magnolia Pipeline Company** Address (Give address to which approved copy of this form is to be sent) **Box 900 - Dallas, Texas**
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ **None - Vented** 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 **"T"** Sec. **33** Twp. **7-S** Rge. **33-E** Is gas actually connected? **No** When _____

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

IV. COMPLETION DATA
Designate Type of Completion - (X) ☒ Oil Well ☐ Gas Well ☐ New Well ☐ Workover ☐ Deepen ☐ Plug Back ☐ Same Res'v. ☐ Diff. Res'v. ☐
Date Spudded **September 17, 1965** Date Compl. Ready to Prod. **October 9, 1965** Total Depth **4525'** P.B.T.D. **4492'**
Pool **Chaveroe - San Andres** Name of Producing Formation **San Andres** Top Oil/Gas Pay **4341'** Tubing Depth **4359'**
Perforations **4341-4353' (Intervals) - San Andres** Depth Casing Shoe **4525'**
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE **11" 7-7/8"** CASING & TUBING SIZE **8-5/8" 4-1/2" 2-3/8"** DEPTH SET **360' 4324' 4359'** SACKS CEMENT **250 390 -**

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 **October 9, 1965** Date of Test **October 8, 1965** Producing Method (Flow, pump, gas lift, etc.) **Pump**
Length of Test **24 Hrs.** Tubing Pressure **-** Casing Pressure **-** Choke Size **-**
Actual Prod. During Test **125 bbls.** Oil-Bbls. **44** Water-Bbls. **62** Gas-MCF **68**

GAS WELL
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 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 SIGNED) **H. E. Aub**
(Signature) **Dist. Superintendent**
(Title) **October 11, 1965**
(Date)
OIL CONSERVATION COMMISSION
APPROVED _____, 19____
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 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.