

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
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

OCT 27 3 27 PM '65

Operator <b>Skelly Oil Company</b>		
Address <b>Box 730 - Hobbs, New Mexico</b>		
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Hobbs "T" - T.B. No. 1</b>	Well No. <b>7</b>	Pool Name, Including Formation <b>Chaveroe San Andres</b>	Kind of Lease State, Federal or Fee <b>State</b>
Location			
Unit Letter <b>"L"</b>	<b>1980</b> Feet From The <b>South</b> Line and <b>660</b> Feet From The <b>West</b>		
Line of Section <b>34</b>	Township <b>7-S</b>	Range <b>33-E</b>	NMPM, <b>Roosevelt</b> 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"/> <b>Magnolia Pipe Line Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 900 - Dallas, Texas</b>				
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>None - Gas vented</b>	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 <b>"F"</b>	Sec. <b>33</b>	Twp. <b>7-S</b> Rge. <b>33-E</b>	Is gas actually connected? <b>No</b>	When

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

COMPLETION DATA									
Designate Type of Completion - (X)	<b>X</b>	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded <b>Sept. 29, 1965</b>	Date Compl. Ready to Prod. <b>Oct. 26, 1965</b>	Total Depth <b>4425'</b>		P.B.T.D. <b>4357'</b>					
Pool <b>Chaveroe San Andres</b>	Name of Producing Formation <b>San Andres</b>	Top Oil/Gas Pay <b>4295.5'</b>		Tubing Depth <b>4325'</b>					
Perforations <b>4295.5-4345' (Intervals) - San Andres</b>						Depth Casing Shoe <b>4425'</b>			

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<b>11"</b>	<b>8-5/8"</b>	<b>366'</b>	<b>250</b>
<b>7-7/8"</b>	<b>4-1/2"</b>	<b>4325'</b>	<b>350</b>
<b>-</b>	<b>2-3/8"</b>	<b>4325'</b>	<b>-</b>

WELL 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)			
First New Oil Run To Tanks <b>October 16, 1965</b>	Date of Test <b>October 27, 1965</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Pump</b>	
Length of Test <b>24 hrs.</b>	Tubing Pressure <b>-</b>	Casing Pressure <b>-</b>	Choke Size <b>-</b>
Prod. During Test <b>200 bbls.</b>	Oil-Bbls. <b>56 bbls.</b>	Water-Bbls. <b>144 bbls.</b>	Gas-MCF <b>TSTM</b>

WELL			
Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

STATEMENT OF COMPLIANCE	
I certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given is true and complete to the best of my knowledge and belief.	
(ORIGINAL SIGNED) <b>H. E. Aab</b>	
(Signature)	
<b>Dist. Superintendent</b>	
(Title)	
<b>October 27, 1965</b>	
(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.	