I.		REQUEST AUTHORIZATION TO TRA	ONSERVATION COMMISSION FOR ALLOWABLE AND HUBBS OFFICE O. C. INSPORT OIL AND NATURAL G MAR JU 3 07 PN 1	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65 AS			
	Change in Ownership	Casinghead Gas Conden	isate				
II.	DESCRIPTION OF WELL AND I Lease Name Note To T.3. #2 Location Unit Letter; #90	Lease No. Well No. Pool Nar	ne, Including Formation				
[11.	Line of Section Tow DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oll Manuella Plays Line Gas Name of Authorized Transporter of Cas BULL - Vented	or Condensate	Address (Give address to which approv Box 900 - Balloo, Rama Address (Give address to which approv	proved copy of this form is to be sent)			
	If well produces oil or liquids, give location of tanks. If this production is commingled wit COMPLETION DATA	h that from any other lease or pool,	Is gas actually connected? Whe	Plug Back Same Res'v. Diff. Res'v.			
	Designate Type of Completio			P.B.T.D.			
	Elevations (DF, RKB, RT, GR, etc.) Perforations	Name of Producing Formation Ann Andres (Intervale) - San Andre	Top Oil/Gas Pay	Tubing Depth			
	TUBING, CASING, AND CEMENTING RECORD						
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
		8-5/8 00	376	390			
	1-1/5	A-1/7 00 3-3/8					
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 allow- OIL WELL able for this depth or be for full 24 hours)						
	Date First New Oil Bun To Tanks	Date of Test	Producing Method (Flow, pump, gas lif				
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size			
	Actual Prod. During Test	Oil-Bbis.	Water - Bbls.	Gas - MCF			
	235	885	•	2.05			
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.		APPROVED, 19, 19				
			BY				
	(GRIGINAL) H. E. Aab		TITLE				
	(Signature)		This form is to be filed in compliance with RULE first. 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 allow- able 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.				
	Bistrist Superintendant						
	March 30, 1966 ^(Title)						
	(Date)						

		AFFIDAVIT		
	Date Mar	HOBBS OFFICE	8. 6 . 8 .	
New Mexico Oil Conserv	ntion Countesian	MAR 30 3 97		
P. 0. Bex 1980	8-8			
Nobbs, New Nexico				
State of Hew Mexico	an anna ann an ann an an an ann an ann an a			
County of Les	millionaine é un mais cu igno			
Nr. H. Z. Aab	•			
That he is employe	d by Skelly Oil Comp	eny in the capacit	ty of Matrict	Superintendent
and is fully acquainted			A A	
	ntha of March			
ran the following Devia	tion Surveys for Ske	lly 011 Company of	n their more	"I" I.B. F2
Well No. 15, in # 1	/1 of 1/4 of	6108 <i>34-78-338</i>	, NMPM, CHATCH	
Pool, Recovelt	County,	New Mexico.		
	SLOPE	TEST DATA		
Depth In	ngle in Degrees	Bapth f	P .	Angle in Degrees
350° 850'	3/4			
1350'	1 - 1/4 1 - 1/2			
2300'	1 - 1/2			
2760' 2950'	1 - 3/4 1 - 3/4			
3360' 3635'	1 - 1/2 1 - 1/4			
3910*	$1 - \frac{3}{4}$ $1 - \frac{1}{4}$			
4070' 4345'	1 - 3/4			
4471'	1 - 1/2			
Subscribed and sworn b	before me this 30			it the information
eny of March	19. 66		above is tree of my knowledge	end complete to the and pelief.
<u> <u> <u> </u> </u></u>	La la med		R CC	46
Notary Public in and for		tato PLot	sist Superinte	nden t
My commission expires:	Jily 11, 1966	ADIGE STERNEN	Posit:	

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1 **739 - Norre**, Address