

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 1-1-66

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

I.

Operator Skelly Oil Company	
Address P. O. Box 730 - Hobbs, New Mexico	
Reason(s) for filing (Check proper box)	
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"/>
Other (Please explain)	
If change of ownership give name and address of previous owner	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Hobbs "H"	Well No. 4	Pool Name, Including Formation Chaveroo San Andres	Kind of Lease State, Federal or Fee State	Lease No. E-1370
Location				
Unit Letter "H" ; 1650 Feet From The North Line and 660 Feet From The East				
Line of Section 30 Township 7-S Range 34-E , NMPM, Doanville 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"/> The Fumian Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 3119 - Midland, Texas			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> 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 "A"	Sec. 30	Twp. 7S	Rge. 34E
				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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded September 12, 1966	Date Compl. Ready to Prod. September 28, 1966	Total Depth 4475'		P.B.T.D. 4433'				
Elevations (DF, RKB, RT, GR, etc.) 4319' DF	Name of Producing Formation San Andres	Top Oil/Gas Pay 4202'		Tubing Depth 4106'				
Perforations 4202-4343' - Intervals - San Andres				Depth Casing Shoe 4462'				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11"	8-5/8"		371'		250			
7-7/8"	4-1/2"		4462'		350			
*****	2-3/8"		4106'		****			

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 September 28, 1966	Date of Test September 30, 1966	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 Hours	Tubing Pressure 1000	Casing Pressure 3750	Choke Size 32/64"
Actual Prod. During Test 272	Oil - Bbls. 269	Water - Bbls. 3	Gas - MCF 158

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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.

J. W. George
(Signature)
Asst. District Superintendent
(Title)
October 3, 1966
(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 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.