		_	me to the second					
		-						
	NO. OF COPIES RECEIVED							
	DISTRIBUTION	NEW MEXICO OIL	CONSERVATION COMMIS	SION	Form C-	104		
	SANTA FE	REQUES	T FOR ALLOWABLE		Superse Effectiv		104 and C-11	
	FILE		AND			e 1-1-62		
	U.S.G.S.	_ AUTHORIZATION TO TI						
	<u> </u>		Lille j	41.2	∂ .al '66			
	TRANSPORTER GAS				-			
	OPERATOR							
1.	PRORATION OFFICE						********	
	Operator Skelly Oil	Coupeny						
	Address P.O. Box 7	30, Hobbs, New Mexico						
	Reason(s) for filing (Check proper box	7	Other (Please	explain)				
	New Well	Change in Transporter of:						
	Recompletion	Oil Dry	Gas					
	Change in Ownership	Casinghead Gas Cond	lensate					
	If change of ownership give name							
	and address of previous owner				. 	· · · · · · · · · · · · · · · · · · ·		
11.	DESCRIPTION OF WELL AND Lease Name	Well No. Pogl Name, Including	Formation has eroof	Find of Lease	res		Lease No.	
	Nobbe "V"	5 Chaveroo S	Andres / / /	State, Federal	or Fee State		K-1370	
	Location Unit Letter 3 ; 23	10 Feet From The South L	1980	Feet From T	h. East			
		90	44	Boson	mlt		C	
	Line of Section 30 To	ownship Range	, NMPM,				County	
III.	DESIGNATION OF TRANSPOR		Address (Give address to	which approv	ed copy of this fo	orm is to be	sent)	
	The Permiss Corporation 7.0. Box 3119- Midland, Texas							
	Name of Authorized Transporter of Co		Address (Give address to			orm is to be	sent)	
	Home - Vented						•	
		Unit Sec. Twp. Rge.	Is gas actually connected	? Whe	n			
	If well produces oil or liquids, give location of tanks.	A 30 78 34E	20	i	-	•		
	If this production is commingled w		1 give commingling order					
	COMPLETION DATA	ith that from any other lease of poo	i, give comminging order					
		Oil Well Gas Well	New Well Workover	Deepen	Plug Back Sa	me Res'v.	Diff. Res'v.	
	Designate Type of Completi	on - (X)	X			į		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.			
	9-23-66	October 8, 1966	4500'		4454*			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth			
	4321° DV	Sem Andres	4337*		4422*			
	Perforations				Depth Casing St			
	4337-4382' - Intervels - San Andres				4495	•		
	TUBING, CASING, AND CEMENTING RECORD							
	HOLE SIZE			DEPTH SET		SACKS CEMENT		
	11"	9-3/8"	372		250			
	7-7/8*			4495' 4422'		350		
		2-3/8"						
					<u> </u>			
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 allowable for this depth or be for full 24 hours)							
	October 7, 1966			Producing Method (Flow, pump, gas lift		, etc. <i>)</i>		
	Length of Test 24 hours	Tubing Pressure	Casing Pressure		Choke Size			
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.		Gas-MCF			
	193	154	39		60	<u> </u>		
	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.

(STONED)	H.	E.	Aab
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(Signature)

District Superintenden: (Title)

October 10, 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.