NO. OF COPIES RECEIVED			IIDBBS OFFICE O. G. C.
DISTRIBUTION SANTA FE		CONSERVATION COMMISSION	HOY 27 FOD C-104
FILE	REQUES	FOR ALLOWABLE AND	Schenges 1 2104 and Effective 1-1-55
U.S.G.S.	AUTHORIZATION TO TR	AND ANSPORT OIL AND NATURA	AL GAS
LAND OFFICE			
IRANSPORTER OIL GAS			
PRORATION OFFICE			
Operator Skelly Oil Co Address	apany		
<b>P. G. Box 730</b> Reason(s) for filing (Check proper	, Hobbs, New Maxico		
New Well	Change in Transporter of:	Other (Please explain)	
Recompletion		Gas 🔲	
Change in Ownership	Casinghead Gas Cond	ensate	
f change of ownership give nam and address of previous owner	e		
DESCRIPTION OF WELL AN	ND LEASE	Formation Charles And Kind of I	Andres
Lease Name <b>Bobba <sup>M</sup>W<sup>H</sup></b>	8 Beveroo Sa		Lease Lease Lease 1 ederal or Fee State K-137
Location			
Unit Letter <b>"C"</b> ;	330 Feet From The North	ine and <b>1650</b> Feet F	rom The West
1 inc. of Constant, 90		14	
Line of Section 29	Township 7-8 Range	34-1 , NMPM, ROOM	Sevelt Coun
DESIGNATION OF TRANSPO	ORTER OF OIL AND NATURAL G		
Name of Authorized Transporter of			approved copy of this form is to be sent)
The <b>Permian Corporat:</b> Name of Authorized Transporter of	Casinghead Gas or Dry Gas	<b>P. O. Box 3119, Mic</b> Address (Give address to which a	approved copy of this form is to be sent)
Sone - Vented			
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	When
give location of tanks.	A 30 7-8 348	<b>16</b>	
this production is commingled	with that from any other lease or pool	, give commingling order number:	
Designate Type of Comple	oil Well Gas Well	New Well Workover Deeper	n Plug Back Same Res <sup>*</sup> v. Diff. Re
Date Spudded	Date Compl. Ready to Prod.	Total Depth	 P.B.T.D.
10-30-66	11-16-66	4478 <sup>*</sup>	4452°
Elevations (DF, RKB, RT, GR, etc	., Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
4318 DY	San Andres	4226'	<b>4113</b> Depth Casing Shoe
4226-4355"-Intervals-	San Andres		4478
	TUBING, CASING, AN	ID CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>11"</u> 7-7/8"	8-5/8*C0 4-1/2*C0	373'	400
··	2-3/8*00	4113'	
FEST DATA AND REQUEST DIL WELL	FOR ALLOWABLE (Test must be able for this d	after recovery of total volume of load lepth or be for full 24 hours)	d oil and must be equal to or exceed top a
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, go	as lift, etc.)
11-14-66	11-19-66 Tubing Pressure	Tlow	Choke Size
Length of Test <b>24 hours</b>	Tubing Pressure	Casing Pressure	40/64**
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas - MCF
366	363	3	107
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-ia)	Choke Size
CERTIFICATE OF COMPLIA	INCE		RVATION COMMISSION
hereby certify that the rules ar	nd regulations of the Oil Conservation		, 19
commission have been complie bove is true and complete to	d with and that the information given the best of my knowledge and belief.	BX.	
ene eenpeere te			1. <b>3</b> 9 / 110
UKIG	INAL) H. E. Ash		
			in compliance with RULE 1104.
District Superintende	<b>Gal</b> iure)	well, this form must be acco	allowable for a newly drilled or deepe ompanied by a tabulation of the devia
-		tests taken on the well in a All sections of this form	accordance with RULE 111. a must be filled out completely for all
November 21, 1966	(Title)	able on new and recompleted	
	(Title) (Date)	able on new and recompleted Fill out only Sections	d wells. I, II, III, and VI for changes of own sporter, or other such change of condit:

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