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| | GAS | |
| OPERATOR | | |
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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

I. Operator
Skelly Oil Company
Address
Box 730 - Hobbs, New Mexico
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
PURSUANT TO THE POOL RULES THIS AUTHORITY IS GRANTED AND ALL OIL FROM THIS WELL WILL AUTOMATICALLY BE SHIPPED UNDER A CASINGHEAD GAS CONNECTION AS IS AUTHORIZED EXCEPT TO THE NO LEASE RULE HAS BEEN OBSERVED BY
9-26-67
If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE
UNDESIGNATED
Lease Name **Hobbs "2"** Well No. **1** Pool Name, Including Formation **Todd Lower San Andres R-3347** Kind of Lease **State** Lease No. **OG 1617**
Location
Unit Letter **"0"** ; **660** Feet From The **South** Line and **1980** Feet From The **East**
Line of Section **19** Township **7-S** Range **36-E** , NMPM, **Roosevelt** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent)
Admiral Crude Corp. **Central Building - Midland, Texas**
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent)
None - Gas Vented
If well produces oil or liquids, give location of tanks. Unit **J** Sec. **19** Twp. **7-S** Rge. **36-E** Is gas actually connected? **No** When **-**

IV. COMPLETION DATA
Designate Type of Completion - (X) ☒ Oil Well ☐ Gas Well ☒ New Well ☐ Workover ☐ Deepen ☐ Plug Back ☐ Same Res'v. ☐ Diff. Res'v. ☐
Date Spudded **July 15, 1967** Date Compl. Ready to Prod. **July 29, 1967** Total Depth **4318'** P.B.T.D. **4287'**
Elevations (DF, RKB, RT, GR, etc.) **4167' DF** Name of Producing Formation **San Andres** Top Oil/Gas Pay **4235'** Tubing Depth **4148'**
Perforations **4235 - 4280' (Intervals)** Depth Casing Shoe **4318'**
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT
11" **8-5/8"** **357'** **250**
7-7/8" **4-1/2"** **4318'** **350**

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)
Date First New Oil Run To Tanks **July 26, 1967** Date of Test **July 29, 1967** Producing Method (Flow, pump, gas lift, etc.) **Flow**
Length of Test **24 hrs.** Tubing Pressure **150 psi** Casing Pressure **0 (Packer)** Choke Size **30/64"**
Actual Prod. During Test **288** Oil-Bbls. **288** Water-Bbls. **0** Gas-MCF **82**

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.
(ORIGINAL SIGNED) **V. E. Fletcher**
(Signature)
District Superintendent
(Title)
July 31, 1967
(Date)
OIL CONSERVATION COMMISSION
APPROVED _____, 19____
BY **[Signature]**
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.