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TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

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  
**P. O. Box 730 - Hobbs, New Mexico 88240**

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"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)  
AND SELL OIL AND NATURAL GAS TO ANY PERSON OR ENTITY UNLESS A CEMENTED PLUG IS INSTALLED IN THE WELL EXCEPT TO THE EXTENT AUTHORIZED BY THE COMMISSION

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

**UNDESIGNATED**

Lease Name <b>Llano "A"</b>	Well No. <b>1</b>	Pool Name, Including Formation <b>Todd Lower San Andres R-336</b>	Kind of Lease State, Federal or Fee <b>Federal</b>	Lease No. <b>NM 0321281</b>
Location Unit Letter <b>P</b> ; <b>660</b> Feet From The <b>South</b> Line and <b>660</b> Feet From The <b>East</b> Line of Section <b>19</b> Township <b>78</b> Range <b>36E</b> , NMPM, <b>Roosevelt</b> 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"/> <b>Admiral Crude Corporation</b>	Address (Give address to which approved copy of this form is to be sent) <b>Central Building, Midland, Texas 79701</b>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>None - Gas being vented</b>	Address (Give address to which approved copy of this form is to be sent) <b>None</b>
If well produces oil or liquids, give location of tanks. Unit <b>P</b> Sec. <b>19</b> Twp. <b>78</b> Rge. <b>36E</b>	Is gas actually connected? <b>No</b> When <b>None</b>

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 <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded <b>November 9, 1967</b>	Date Compl. Ready to Prod. <b>November 23, 1967</b>	Total Depth <b>4325'</b>	P.B.T.D. <b>4315'</b>					
Elevations (DF, RKB, RT, GR, etc.) <b>4167' DF</b>	Name of Producing Formation <b>San Andres</b>	Top Oil/Gas Pay <b>4266'</b>	Tubing Depth <b>4195'</b>					
Perforations <b>(4266-4281' - (Intervals))</b>	TUBING, CASING, AND CEMENTING RECORD					Depth Casing Shoe <b>4325'</b>		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<b>11"</b>	<b>8-5/8"</b>	<b>369'</b>	<b>250</b>					
<b>7-7/8"</b>	<b>4-1/2"</b>	<b>4325'</b>	<b>350</b>					

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 <b>November 25, 1967</b>	Date of Test <b>November 26, 1967</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Flowing</b>	
Length of Test <b>24 hours</b>	Tubing Pressure <b>1254</b>	Casing Pressure <b>Packer</b>	Choke Size <b>24/64"</b>
Actual Prod. During Test <b>389 bbls.</b>	Oil - Bbls. <b>385</b>	Water - Bbls. <b>4</b>	Gas - MCF <b>180</b>

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 SIGNATURE) **V. E. Fletcher**

(Signature)

**District Superintendent**

(Title)

**November 27, 1967**

(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.

November 27, 1967

**New Mexico Oil Conservation Commission**

**P. O. Box 1980**

**Hobbs, New Mexico 88240**

**New Mexico**

**Lea**

**H. O. Woods**

**Dist. Office Manager**

**November**

**67**

**Cactus Drilling Company**

**Linam "A"**

**1**

**SE**

**SE**

**Sec. 19-7S-36E**

**Todd Lower San Andres**

**Roosevelt**

370'	1/4
836'	3/4
1334'	3/4
1800'	3/4
1916'	1
2400'	1-1/4
2890'	1-1/2
3055'	2
3250'	1-3/4
3500'	1-1/2
3990'	1-1/4
4235'	1

**27th**

**November**

**67**

*William F. Zapp Jr.*

*D. A. Hards*

**District Office Manager**

**August 7, 1969**

**P.O. Box 730-Hobbs, New Mexico 88240**