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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION 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
SKELTON OIL COMPANY
 Address
P.O. BOX 840 - HOBBS, N.M. 88240

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name KENDRICK	Well No. 1	Pool Name, including Formation GLADIOLA - WOLFCAMP	Kind of Lease State, Federal or Fee FEE	Lease No.
Location				
Unit Letter X	1980 Feet From The SOUTH Line and 660 Feet From The EAST			
Line of Section 6	Township 12-S	Range 38-E	NMPM,	LEA 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"/> MOBIL PIPELINE CO.	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 900 - DALLAS, TX. 75200
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> WARREN PETROLEUM COMPANY	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 1589 - TULSA, OK. 74102
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	1 6 12 38 YES

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	Workover	Deepen	Plug Back	Same Resv.	Diff. Resv.
Date Spudded 8-12-74	Date Compl. Ready to Prod. 6-19-75	Total Depth 12002	P.B.T.D. 9567					
Elevations (DF, RKB, RT, GR, etc.) 3872	Name of Producing Formation WOLFCAMP	Top Oil/Gas Pay 9437	Tubing Depth 9400		Depth Casing Shoe			
Perforations 9437 - 9468 - 13 HOLES								
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 7 7/8	CASING & TUBING SIZE 5 1/2 CASING 2 3/8 TUBING	DEPTH SET 12002 9400	SACKS CEMENT 150 sxs					

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

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.

George Gaska

 (Signature)
OFFICE MANAGER
AUGUST 11, 1976

 (Date)

OIL CONSERVATION COMMISSION

APPROVED **AUG 11 1976** _____
 BY _____
 TITLE **SUP** _____

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 diagnostic 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 conditions.