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U.S.G.S.		
LAND OFFICE		
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
SKELTON OIL COMPANY

Address
P.O. BOX 840 HOBBS, N.M. 88240

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)
**CASINGHEAD GAS MUST NOT BE
FLAMED VAPOR 8/19/75
UNLESS AN EXCEPTION TO R-4072
IS OBTAINED.**

If change of ownership give name
and address of previous owner

THIS WELL HAS BEEN PLACED IN THE POOL
DESIGNATED BELOW. IF YOU DO NOT CONCUR
NOTIFY THIS OFFICE **R-5102**

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 I ; 1980 Feet From The SOUTH Line and 660 Feet From The EAST Line of Section 6 Township 12 - S Range 38E , 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"/> KOCH OIL COMPANY	Address (Give address to which approved copy of this form is to be sent) 815 ONE MAIN PLACE - DALLAS, TEXAS 75250			
Name of Authorized Transporter of Casinghead Gas <input 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, OKLAHOMA 74102			
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 6	Twp. 12	Rge. 38
	Is gas actually connected?		When NO	

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 Res'v.	Diff. Res'v.
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					
Perforations 121-9460 (5 ft.)	Depth Casing Shoe							
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 sks.			

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)

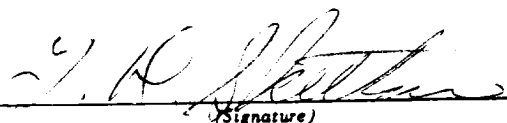
Date First New Oil Run To Tanks 6/19/75	Date of Test 6/19/75	Producing Method (Flow, pump, gas lift, etc.) PUMP	
Length of Test 48 hrs.	Tubing Pressure 2200#	Casing Pressure 150#	Choke Size
Actual Prod. During Test 750	Oil - Bbls. 550	Water - Bbls. 200	Gas - MCF

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

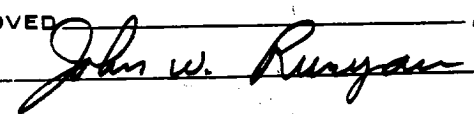
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.


(Signature)

(Title)

(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