HO. OF COPIES RECEIVED			
DISTRIBUTION			
SANTA FE			
FILE			
U.\$.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
		T	

HO. OF COPIES RECEIVED			
DISTRIBUTION	EW MEXICO OIL CO	DNSERVATION COMMISSI	Form C-104
SANTA FE		FOR ALLOWABLE	Supersedes Old C-104 and C-110
FILE	KL40L31 1	AND	Effective 1-1-65
			- 1 -
U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL (GAS
LAND OFFICE			
TRANSPORTER OIL			
GAS			
OPERATOR			
PROBATION OFFICE			
Operator	<u> </u>		
Operator			
	SKKLTON JIL COMPA	NY	
Address			
9.0	. Bex 840 Hobbs	, New Mex. 88240	
Reason(s) for filing (Check prope		Other (Please explain)	
1		[į
New Well	Change in Transporter of:	Change of Onem	
Recompletion	Oil Dry Gas	Change of Oper	# for
Change in Ownership	Casinghead Gas Conden	sate	
· · · · · · · · · · · · · · · · · · ·			
If change of ownership give nat	ne GENERAL PETROLEUM, INC.	P.O. BOX 840 HOBBS	, NEW MEX. 88240
and address of previous owner			
			•
II. DESCRIPTION OF WELL A	ND LEASE		
Lease Name	Well No. Pool Name, Including Fo	ormation Kind of Leas	e Lease No.
Z. Taylor	l Gladiola- Wel	State, Federa	al or Fee Fee
	2 02002025 803		
Location			
Unit Letter;;	660 Feet From The North Line	e and 1980 Feet From	The East
Line of Section 7	Township 12-S Range 38	-R , NMPM,	Lea County
Line of Section	Township 25-9 Trange 56	y triver out	300
III. DESIGNATION OF TRANSP	ORTER OF OIL AND NATURAL GA	<u>S</u>	
Name of Authorized Transporter of	f Oil 🔼 or Condensate 🔙	Address (Give address to which appro	oved copy of this form is to be sent)
Mobil Oil Pipelin	Corneration	Box 900 Dallas, Te	YAS
Name of Author!zed Transporter of	f Casinghead Gas or Dry Gas	Address (Give address to which appro	ved copy of this form is to be sent)
1			
Warren Petroleum		Box 1589 Tulsa, Okl	
If well produces oil or liquids,	Unit Sec. Twp. P.ge.	Is gas actually connected? Wh	
give location of tanks.	B 7 12-8 38-1	Yes	July 1968
L'			
	d with that from any other lease or pool,	give commingling order number:	
IV. COMPLETION DATA			Plug Back Same Rosh : Diff. Resty.
	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Hes 1. 1711. Hes 1.
Designate Type of Comp	letion – (A)	1	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
\		1	1000
12/8/56	2/21/57	12043	12003
Elevations (DF, RKB, RT, GR, e	tc.; Name of Producing Formation	Top Cil/Gas Pay	Tubing Depth
3885 DF	Welfcamp	11970	11979
Perforations			Depth Casing Shoe
\$	11000		12042
11970 ~			12042
	TUBING, CASING, AND	CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 ½	13 4	335	325
ii -	8 3/8	4593	2777
7 7/8	5 4	12042	300
		<u> </u>	
V. TEST DATA AND REQUES	T FOR ALLOWABLE. (Test must be a	fter recovery of total volume of load oil	l and must be equal to or exceed top allow-
OIL WELL	able for this de	pth or be for full 24 hours)	
Date First New Oil Run To Tank		Producing Method (Flow, pump, gas l	ift, etc.)
Dote 1 tibl New Off Itali 10 1 cm			
			Choke Size
Length of Test	Tubing Pressure	Casing Pressure	CHORA CITA
Actual Pred. During Test	Oil-Bhis.	Water - Bbls.	Gas-MCF
Morray Lient Owning Load			
		•	
GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	Tubing Descript / 63 ph 4 - 3	Casing Pressure (Shut-in)	Choke Size
Testing Methed (pitot, back pr.)	Tubing Pressure (Shut-in)	Canally . House of Course and	
f			
VI. CERTIFICATE OF COMPI	IANCE	OIL CONSERV	ATION COMMISSION
VI. CERTIFICATE OF COMP.	ARINOD		
		APPROVED PER 2	Bigned by
I hereby certify that the rules	and regulations of the Oil Conservation	APPROVED - LET A POR	Signed by
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		Saxton	
above is true and complete to the best of my knowledge and belter. BY			
	to the best of my knowledge and belief.		1 Curv.
	to the best of my knowledge and belief.	D:-+	I, Supv.
A	4	TITLEDist	1, Supv.
0 L	4	TITLE Dist	compliance with RULE 1104.
H. ma	a a Histor	TITLE	L. Supv. compliance with RULE 1104. eweble for a newly drilled or despendence only a tabulation of the deviation

VI

above is find and complete to the best of his knowledge and bellow
Leon a. Grabio
Office Manage
Dec 31, 74
(Date)

APPROVED FF 2	(1977, 19
AFTROVED	Signed by
	Sexton.
TITLE	Dist 1, Supv.

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 J. H. III, and VI for changes of condition, well name or number, or transporter, or other such change of condition.

. -

FEL A. MAR

OIL CONSERVAL LA SOMM.
HOBES, N. M.