

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
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 O-104
 Supersedes O-104 and O-107
 Effective 1-1-65

Operator Skelton Oil Company	
Address P.O. Box 840, Hobbs, New Mexico 88240	
Reason(s) for filling (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>
Recompletion <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Z. Taylor	Well No. #2	Pool Name, including Formation Gladys Adiant	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter G : 1980 Feet From The North Line and 1980 Feet From The East Line of Section 7 Township 12S 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"/>	Address (Give address to which approved copy of this form is to be sent)	
Mobil Pipeline		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Warren Petroleum		
If well produces oil or liquids, give location of tanks.	Unit	Sec. Twp. Pgs. Is gas actually connected? When

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 type="checkbox"/> Workover <input checked="" type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Heat <input type="checkbox"/> Lift. Heat <input checked="" type="checkbox"/>
Date Spudded 5-22-80	Date Compl. Ready to Prod. 5-26-80
Total Depth 11,462	P.B.T.D. 11,525
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation Mississippi
Top Oil/Gas Pay 11,404	Tubing Depth 11,390
Perforations 11,405 - 11,462	Depth Casing Shoe
TUBING, CASING, AND CEMENTING RECORD	
HOLE SIZE 7 7/8"	CASING & TUBING SIZE 5 1/2"
DEPTH SET 17# & 20#	SACKS CEMENT 300 Sks

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 5-25-80	Date of Test 5-26-80	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 Hours	Tubing Pressure 140#	Casing Pressure -0-	Choke Size 12/64
Actual Prod. During Test 130 Bbls	Oil - Bbls. 130	Water - Bbls. -0-	Gas - MCF 101

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (plot, 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.

J. H. Skelton
 (Signature)
Owner-Operator
 (Title)

OIL CONSERVATION COMMISSION

APPROVED **JUN 5 1980**, 19_____
 BY *[Signature]*
 TITLE **SUPERVISOR DISTRICT I**

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.