

SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PERFORATION OFFICE	

**REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

Supersedes Form O-104 and O-110
Effective 1-1-57

I. OPERATOR

SKELTON OIL COMPANY

Address **P.O. BOX 840 HOBBS, NEW MEX. 88240**

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

New Well ☐ Change in Transporter oil ☐

Recompletion ☐ Oil ☐ Dry Gas ☐ **CHANGE OF OPERATOR**

Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐

If change of ownership give name and address of previous owner **GENERAL PETROLEUM, INC. P.O. BOX 840 HOBBS, NEW MEX. 88240**

II. DESCRIPTION OF WELL AND LEASE

Lease Name Z. Taylor	Well No. 2	Pool Name, including formation Gladiola - Devonian	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 12-S Range 38-E , N.M.P.M., Lee 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 Corporation	Box 900 Dallas, Texas
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 Corporation	Box 1589 Tulsa, Oklahoma
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
B 7 12-S 38-E	Yes July 1958

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 type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Jack <input type="checkbox"/>	Side Track <input type="checkbox"/>	Art. Reinf. <input type="checkbox"/>
Date Spudded 3/1/57	Date Compl. Ready to Prod. 5/5/57	Total Depth 12025		P.B.T.D. 12018				
Elevations (DF, RKB, RT, GR, etc.) 3885 (DF) 3874 (GR)	Name of Producing Formation Devonian	Top Oil/Gas Iny 12994		Tubing Depth 11971				
Perforations 11984 - 12018				Depth Casing Shoe 12019				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
17 1/2	13 3/8	375		400				
11	8 5/8	4472		1215				
7 7/8	5 1/2	12019		300				

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/MCF	Gravity of Condensate
Testing Method (pilot, 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 H. Hahn
(Signature)
Officer Murray
(Title)
Dec 31, 76
(Date)

OIL CONSERVATION COMMISSION

APPROVED **FEB 28 1977**, 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.
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.