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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

Operator <b>SKELTON OIL COMPANY</b>	
Address <b>P.O. BOX 840 HOBBS, NEW MEX. 88240</b>	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	<b>CHANGE OF OPERATOR</b>
Recompletion <input type="checkbox"/>	
Change in Ownership <input checked="" type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of ownership give name and address of previous owner <b>GENERAL PETROLEUM, INC. P.O. Box 840 Hobbs, New Mex. 88240</b>	

II. DESCRIPTION OF WELL AND LEASE		Lease No.
Lease Name <b>Z. Taylor</b>	Well No. <b>3</b>	Pool Name, including Formation <b>Gladiola Devonian</b>
Kind of Lease State, Federal or Fee <b>Fee</b>		
Location Unit Letter <b>A</b> ; <b>660</b> Feet From The <b>North</b> Line and <b>660</b> Feet From The <b>East</b>		
Line of Section <b>7</b> Township <b>12-S</b> Range <b>38-E</b> , NMPM, <b>Lea</b> County		

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	<b>P.O. Box 900 Dallas, Texas</b>		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 1589 Tulsa, Oklahoma</b>		
If well produces oil or liquids, give location of tanks.	Unit <b>B</b>	Sec. <b>7</b>	Twp. <b>12-S</b>
			Rge. <b>38-E</b>
			Is gas actually connected? <b>Yes</b>
			When <b>July 1958</b>

If this production is commingled with that from any other lease or pool, give commingling order number:	
COMPLETION DATA	
Designate Type of Completion - (X)	<input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Rest'y. <input type="checkbox"/> Diff. Rest'y.
Date Spudded <b>5/7/57</b>	Date Compl. Ready to Prod. <b>7/3/57</b>
Elevations (DF, RKB, RT, GR, etc.) <b>3883(DF) 3868(GR)</b>	Name of Producing Formation <b>Devonian</b>
Perforations <b>11982 12002</b>	Total Depth <b>12013</b>
	Top Oil/Gas Pay <b>11982</b>
	P.B.T.D. <b>12010</b>
	Tubing Depth <b>11991</b>
	Depth Casing Shoe <b>12012</b>

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<b>17 1/2</b>	<b>13 3/8</b>	<b>375</b>	<b>400</b>
<b>11</b>	<b>8 5/8</b>	<b>4490</b>	<b>1545</b>
<b>7 7/8</b>	<b>5 1/2</b>	<b>12012</b>	<b>300</b>

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		Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test-MCF/D	Length of Test	Casing Pressure (Shut-in)	Choke Size
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)		

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 G. Lusk  
(Signature)  
Office Manager  
(Title)  
Dec 31 1958  
(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 1958

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 allow-able 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.

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FBI BUREAU

OIL CONSERVATION COMM.  
LOS ANGELES, CALIF.