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SANTA FE		
FILL		
U.S.G.S.	 	
LAND OFFICE	 	
TRANSPORTER	OIL	
	GAS	
OFERATOR		 ļ
PRORATION OFFICE		

	DISTRIBUTION SANTA FE		ENSERVATION COMMISSION	Form C-104 Supersedes Old C-164 and C-110 Effective 1-1-65		
	U.S.G.S. LAND OFFICE	AUTHORIZATION TO TRAI	AND NSPORT OIL AND NATURAL GA	AS		
	OFERATOR OIL GAS					
I.	PROPATION OFFICE Uperator					
	Skelly Oil Company					
	P. O. Box 1351, Midland Reason(s) for filing (Check proper box)	1, Texas 79701	Other (Please explain)			
	New Well Recompletion Change in Ownership	Change in Transporter of: Oil Dry Gas Casinghead Gas X Condens	Skelly's Loving	eum Company purchased ton Gasoline Plant		
	If change of ownership give name and address of previous owner					
II.	DESCRIPTION OF WELL AND I	LEASE Well No. Pool Name, Including Fo	rmation Kind of Lease	Lease No.		
	Lovington Paddock Unit	!	i	crFee State B-7766-8		
	Unit Letter L; 165	O Feet From The South Line	e and 890 Feet From T	he West		
	_	mship 16-S Range	36-Е , ммрм,	Lea County		
III.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	S Address (Give address to which approv	ed copy of this form is to be sent)		
	Name of Authorized Transporter of Cil Texas-New Mexico Pipel:	ine Company	P. O. Box 1510, Midla	nd, Texas 79701		
	Name of Authorized Transporter of Cas Phillips Petroleum Comp	Name of Authorized Transporter of Casinglead Gas X or Dry Gas Address (Give address to which approved copy of this form is to be sent) Phillips Petroleum Company Phillips Bldg., Room B-2, Odessa, Texas 79760				
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Ege.	Is gas actually connected? Whe			
	If this production is commingled wit	h that from any other lease or pool,	····			
1V.	Designate Type of Completic		New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	Elevations (DF, RKB, RT, GR, etc.,	Notice of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
	Perforations Depth Casing Shoe					
		· · · · · · · · · · · · · · · · · · ·	CEMENTING RECORD	SACKS CEMENT		
	HOLE SIZE	CASING & TUBING SIZE	DETTITION			
			·			
V.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a)	fter recovery of total volume of load oil (and must be equal to or exceed top allow-		
•	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 Date of Test Producing Method (Flow, pump, gas lift, etc.)					
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
	Actual Pred. During Test	Cil-Bbls.	Water - Bbls.	Gas-MCF		
	Actual Pica. Daining . vs.					
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
			Casing Pressure (Ehut-in)	Choke Size		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				
VI. CERTIFICATE OF COMPLIANCE		APPROVED	TION COMMISSION			
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.			Orlg. Signed by BY			
above is true and complete to the best of my knowledge and better		TITLE Dist. I, Supv.				
District Production Manager (Tule)			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 tosts taken on the well in accordance with RULE 111.			
						All sections of this form mu
				October	·	Fill out only Sections I. H. III, and VI for changes of owner, well name or number, or transporter, or other such change of confliction.
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