	DISTRIBUTION SANTA FE FILE	REQUEST	ONSERVATION COMMISSI FOR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65
I	U.S.G.S. LAND OFFICE TRANSPORTER GAS OPERATOR PROBATION OFFICE	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL GA	
1.	Skelly Oil Company Address P. O. Box 1351, Midland, Texas 79701 Recson(s) for filing (Check proper box) Other (Please explain) Phillips Potroleum Company purchased			
	New Well Recompletion Change in Ownership If change of ownership give name and address of previous owner	Change in Transporter of: Oil Dry Go Casinghead Gas X Conde	Skelly's Lovingt	on Gasoline Plant
11.	DESCRIPTION OF WELL AND I	Well No. Fool Name, including F 4 Lovington		Lease No. B-7845
	Unit Letter O; 330	Feet From The South Lin	ne and 1650 Feet From Th	e East Lea County
III.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Ci. X or Condensate Address (Give address to which approved copy of this form is to be sent) Texas-New Mexico Pipeline Company P. O. Box 1510, Midland, Texas 79701 Name of Authorized Transporter of Casinghead 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 79 When W			id, Texas 79701 d copy of this form is to be sent) 3-2, Odessa, Texas 79760
	If well produces oil or liquids, give location of tanks. If this production is commingled wit	0 36 16S 36E	Yes	
	Designate Type of Completion	Oil Well Gas Well		Plug Back Same Res'v. Diff. Res'v.
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top O!!/Gas Pay	Tubing Depth
	Perforations			Depth Casing Shoe
			D CEMENTING RECORD DEPTH SET	SACKS CEMENT
	HOLE SIZE	CASING & TUBING SIZE	DEFINAL	
v.	TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Date First New Cil Run To Tanks Date of Test Date of Test Producing Method (Flow, pump, gas lift, etc.)			
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	Actual Prod. During Test	Oil-Bbis.	Water - Bbls.	Gas-MCF
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/MMCF	Gravity of Condensate

VI. CERTIFICATE OF COMPLIANCE

Testing Method (pitot, back pr.)

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.

District Production Manager

(Title)

October 25, 1971 (bace)

Tubing Pressure (Shut-in)

OCT 29 1971

Choke Size

APPROVED

Orig. Signed by

Joe D. Rassy

Dist. I, Supve

Casing Pressure (Shut-in)

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. Separate Forms C-104 must be filed for each pool in multiply