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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

I. Operator \_\_\_\_\_  
Address Skelly Oil Company  
P. O. Box 130 Hobbs, New Mexico  
Reason(s) for filing (Check proper box) Other (Please explain)  
New Well ☐ Change in Transporter of: \_\_\_\_\_  
Recompletion ☐ Oil ☐ Dry Gas ☐ Well taken into the Lovington Paddock  
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐ Unit effective October 1, 1966.

If change of ownership give name and address of previous owner Tidewater Oil Company, Hobbs, New Mexico  
Formerly State "M" No. 5

II. DESCRIPTION OF WELL AND LEASE  
Lease Name Lovington Paddock Unit Well No. 32 Pool Name, Including Formation Lovington Paddock Kind of Lease State Lease No. B-7865  
Location \_\_\_\_\_  
Unit Letter J : 1750 Feet From The South Line and 1630 Feet From The East  
Line of Section 36 Township 16S Range 36E , NMPM, 16N County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil ☒ 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  
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent)  
Skelly Oil Company P. O. Box 1135 - Eunice, New Mexico  
If well produces oil or liquids, give location of tanks. Unit J Sec. 36 Twp. 16S Rge. 36E Is gas actually connected? Yes 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 \_\_\_\_\_ Gas Well \_\_\_\_\_ New Well \_\_\_\_\_ Workover \_\_\_\_\_ Deepen \_\_\_\_\_ 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 Oil/Gas Pay \_\_\_\_\_ Tubing Depth \_\_\_\_\_  
Perforations \_\_\_\_\_ Depth Casing Shoe \_\_\_\_\_  
TUBING, CASING, AND CEMENTING RECORD  
HOLE SIZE \_\_\_\_\_ CASING & TUBING SIZE \_\_\_\_\_ DEPTH SET \_\_\_\_\_ SACKS CEMENT \_\_\_\_\_

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/MMCF \_\_\_\_\_ Gravity of Condensate \_\_\_\_\_  
Testing Method (pitot, 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.  
[Signature] (Signature)  
\_\_\_\_\_  
(Title)  
\_\_\_\_\_  
(Date)  
OIL CONSERVATION COMMISSION  
APPROVED October 15, 19 66  
BY [Signature]  
TITLE Supervisor, District No. 1  
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 completed wells.