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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
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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 SKELTON OIL COMPANY	
Address P. O. BOX 840 HOBBS, NEW MEXICO 88240	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	change of operator and ownership from GENERAL PETROLEUM, INC.
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 **GENERAL PETROLEUM, INC., P. O. BOX 840, HOBBS, NEW MEXICO 88240**

II. DESCRIPTION OF WELL AND LEASE

Lease Name PAT H. MCCLURE "C"	Well No. 1	Pool Name, Including Formation DEVONIAN FORM. DENTON PLD.	Kind of Lease State, Federal or Fee FEE	Lease No.
Location Unit Letter "A" ; 330 Feet From The NORTH Line and 990 Feet From The EAST Line of Section 14 Township 15S Range 37E , NMPM, LEA 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"/> AMOCO PIPELINE	Address (Give address to which approved copy of this form is to be sent) AMOCO BLDG., BOX 391, TULSA, OKLAHOMA 74102			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> TEPPERARY RESOURCES CORPORATION	Address (Give address to which approved copy of this form is to be sent) 500 W. ILLINOIS ST., MIDLAND, TEXAS 79701			
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 14	Twp. 15S	Rge. 37E
				Is gas actually connected? YES When MAY 1, 1970

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	New Well	Workover <input checked="" type="checkbox"/>	Deepen	Plug Back	Same Res'v. <input checked="" type="checkbox"/>	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth 12,630		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) 3,803	Name of Producing Formation Devonian		Top Oil/Gas Pay		Tubing Depth 12,449			
Perforations					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 17"	CASING & TUBING SIZE Csg. 3 1/2 - 2 7/8 Tbg. 3 1/2 - 2 7/8		DEPTH SET 12,630 12,449		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)

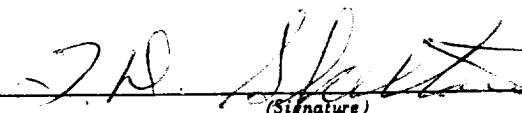
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (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.


(Signature)
OWNER
(Title)
November 28, 1972
(Date)

OIL CONSERVATION COMMISSION

APPROVED **DEC 1 1972**, 19
BY **Joe D. Ramey**
TITLE **Dist. I, Supv.**

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.

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