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DISTRIBUTION				
SANTA FE				
FILE				
U.S.G.S.				
LAND OFFICE				
TRANSPORTER	OIL	<u> </u>		
	GAS	<u> </u>		
OPERATOR				
PRORATION OFFICE			<u> </u>	
Obstatot				

	DISTRIBUTION SANTA FE FILE	REQUEST FOR ALLOWABLE AND		Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65		
	U.S.G.S.  LAND OFFICE  TRANSPORTER GAS	AUTHORIZATION TO TRAN	NSPORT OIL AND I	NATURAL GA	S	
	OPERATOR PRORATION OFFICE	· .				
١٠.	Operator Skelly Oil Company			·		
	P. O. Box 1351, Midland	. Texas 79701				
	Recompletion Change in Ownership Change in Own					
	If change of ownership give name and address of previous owner					
I.	DESCRIPTION OF WELL AND L	EASE				
,	Lovington Paddock Unit	Well No.   Pool Name, Including Fo   9   Lovington Pade		Kind of Lease State, Federal c	r Fee Fee — — Lease No.	
	Location Unit Letter N; 660	Feet From The South Line	and 1980	Feet From Th	<sub>e</sub> West	
	Line of Section 30 Town	nship 16-S Range	37-E , NMPN	· <u>·</u>	Lea County	
Ί.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil	ER OF OIL AND NATURAL GAS	S Address (Give address	to which approve	d copy of this form is to be sent)	
Texas-New Mexico Pipeline Company  Name of Authorized Transporter of Casinghead Gas X or Dry Gas			P. O. Box 15	10, Midlan	d, Texas 79701 d copy of this form is to be sent)	
	Phillips Petroleum Comp	oany <sup>.</sup>	Phillips Blo	g., Room B	-2, Odessa, Texas 79760	
	If well produces oil or liquids, give location of tanks,	Unit   Sec.   Twp.   Fige.   D   31   16S   37E	Is gas actually connect	ed? When	·	
	If this production is commingled with COMPLETION DATA		·	•		
	Designate Type of Completion	n - (X)   Oil Well   Gas Well	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.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth	
	Perforations				Depth Casing Shoe	
TUBING, CASING, AND HOLE SIZE CASING & TUBING SIZE			CEMENTING RECO		SACKS CEMENT	
	HOLE SIZE	CASING & TODING SIZE				
V.	TEST DATA AND REQUEST FO	DR ALLOWABLE (Test must be a)	ter recovery of total vol	ume of load oil ar	id must be equal to or exceed top allow-	
	OIL WELL Date First New Oil Run To Tanks	Date of Test	pth or be for full 24 hour Producing Method (Flo		etc.)	
	Length of Test	Tubing Pressure	Casing Pressure		Choke Size	
	Actual Prod. During Test	Oii-Bbis.	Water - Bbls.		Gas - MCF	
			<u> </u>			
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMC	CF .	Gravity of Condensate	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shu	t-in)	Choke Size	
VI.	CERTIFICATE OF COMPLIANCE	DE	OIL	CONSERVA	19 1971 MMISSION	
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		APPROVED Orig. Signed by			
	above is true and complete to the	best of my knowledge and belief.	BY	Joe D, Ra	imey	
			TITLE	Dist. I. So	ompliance with RULE 1104.	
District Production Manager (Title)  October 25, 1971		If this is a re	If thin is a request for allowable for a newly drilled or deepened			
		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-164 must be filed for each pool in multiply				
						(Mate)