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1	DISTRIBUTIO	ЭN		
	SANTA FE			
	FILE			
	U.S.G.S.		<u> </u>	
	LAND OFFICE			
	TRANSPORTER	OIL	<u> </u>	
		GAS		
	OPERATOR			
1.	PRORATION OF	ICE		
	Operator			
	Skelly Oil Company			
	Address			
	P. O. Box 1351, Midlar			
	Reason(s) for filing (Check proper box			
	New Well			

Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65 AS				
eum Company purchased ton Gasoline Plant				
Lease No.				
or Fee State B-7896				
The North				
Lea County				
nnd, Texas 79701 and, Texas 79701 ved copy of this form is to be sent) B-2, Odessa, Texas 79760 en Plug Back Same Resty. Diff. Resty.				
P.B.T.D.				
Tubing Depth				
Depth Casing Shoe				
SACKS CEMENT				
and must be equal to or exceed top allow- ift, etc.)				
Choke Size				
Gas - MCF				
Gravity of Condensate				
Chcke Size				
ATION COMMISSION				

U.S.G.S. LAND OFFICE IRANSPORTER OPERATOR OPERATOR PROBATION OFFICE 1. PROBATION OFFICE Cyetutor Skelly 0il Company Address P. O. Box 1351, Midland, Texas 79701 Resson(s) for filing (Check proper box) New Well OIL Casinghead Gas X Condensate October 1, 1971 If change of ownership give name and address of previous owner II. DESCRIPTION OF WELL AND LEASE Lease Name State "O" Lovington Abo Natural GAS AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Other (Please explain) Phillips Petroleum Company p Skelly's Lovington Gasoline October 1, 1971 Kind of Lease State "O" Lovington Abo State, Federal or Fee State	Lease No. B-7896 County	
OPERATOR PROPATION OFFICE Skelly Oil Company Address P. O. Box 1351, Midland, Texas 79701 Recoon(s) for filing (Check proper box) New We'll Change in Transporter of: Phillips Petroleum Company pour Skelly's Lovington Gasoline Change in Ownership Casinghead Gas X Condensate October 1, 1971 If change of ownership give name and address of previous owner II. DESCRIPTION OF WELL AND LEASE Lease Name State "O" Fool Name, including Formation State, Federal or Fee State	Lease No. B-7896 County	
Skelly 0il Company Address P. O. Box 1351, Midland, Texas 79701 Reason(s) for filing (Check proper box) New We!! Recompletion Change in Transporter of: Other (Please explain) Phillips Petroleum Company p Skelly's Lovington Gasoline Change in Ownership Casinghead Gas X Condensate October 1, 1971 If change of ownership give name and address of previous owner II. DESCRIPTION OF WELL AND LEASE Lease Name State "O" 10 Lovington Abo State, Federal or Fee State	Lease No. B-7896 County	
Address P. O. Box 1351, Midland, Texas 79701 Recoson(s) for filing (Check proper box) New Well Change in Transporter of: Change in Ownership Casinghead Gas X Condensate October 1, 1971 If change of ownership give name and address of previous owner State "O" 10 Lovington Abo State, Federal or Fee State	Lease No. B-7896 County	
Recoson(s) for filing (Check proper box) New We!! Change in Transporter of: Recompletion Oil Dry Gas Skelly's Lovington Gasoline Change in Ownership Casinghead Gas X Condensate October 1, 1971 If change of ownership give name and address of previous owner II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation State, Federal or Fee State	Lease No. B-7896 County	
New Well Change in Transporter of: Recompletion Oil Dry Gas Skelly's Lovington Gasoline October 1, 1971 If change of ownership give name and address of previous owner II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation State, Federal or Fee State	Lease No. B-7896 County	
Change in Ownership If change of ownership give name and address of previous owner II. DESCRIPTION OF WELL AND LEASE Lease Name	Lease No. B-7896 . County	
H. DESCRIPTION OF WELL AND LEASE. Lease Name State "O" 10 Lovington Abo Kind of Lease State, Federal or Fee State	B-7896 County	
State "O" 10 Lovington Abo State, Federal or Fee State	B-7896 County	
State "O" TO LOVINGTON ASO	County	
	s to be sent)	
Unit Letter L ; 440 Feet From The West Line and 3080 Feet From The North	s to be sent)	
Line of Section 31 Township 16-S Range 37-E , NMFM, Lea	i i	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form i	i i	
Toyas-New Mexico Pineline Company P. O. Box 1510, Midland, Texas 797	01	
Texas-New Mexico Pipeline Company Name of Authorized Transporter of Casinghead Gas X or Dry Gas Address (Give address to which approved copy of this form in Phillips Petroleum Company Phillips Bldg., Room B-2, Odessa,		
If well produces oil or liquids, Unit Sec. Twp. Page. Is gas actually connected? When		
give location of tanks. M 31 16S 37E Yes		
IV. COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same I	es'v. Diff. Res'v.	
Designate Type of Completion - (X) 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		
Depth Casing Shoe		
Perforations TUBING, CASING, AND CEMENTING RECORD		
HOLE-SIZE CASING & TUBING SIZE DEPTH SET SACKS C	EMENT	
V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to able for this depth or be for full 24 hours)	or exceed top allow-	
Oll. WELL 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-Bbis. Water-Bbis. Gas-MCF		
		
GAS WELL Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condens	ate	
Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Cosing Pressure (Shut-in) Choke Size	<u>, , , , , , , , , , , , , , , , , , , </u>	
OU CONSERVATION COMMISS	ION	
1. CERTIFICATE OF COST ELECTED 1971	19	
Commission have been complied with and that the information given Orig. Signed by		
	TITLE Dist. I, Supr.	
This form is to be filed in compliance with R	This form is to be filed in complience with RULE 1104. If this is a request for silowable 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.	
11 the form must be accompanied by a tabulation		
District Production Manager All sections of this form must be filled out countries (Title) tests taken on the wall in accordance with the contribution of this form must be filled out countries.	npletely for allow-	
October 25, 1971 Date Place Pla	- 11 E	