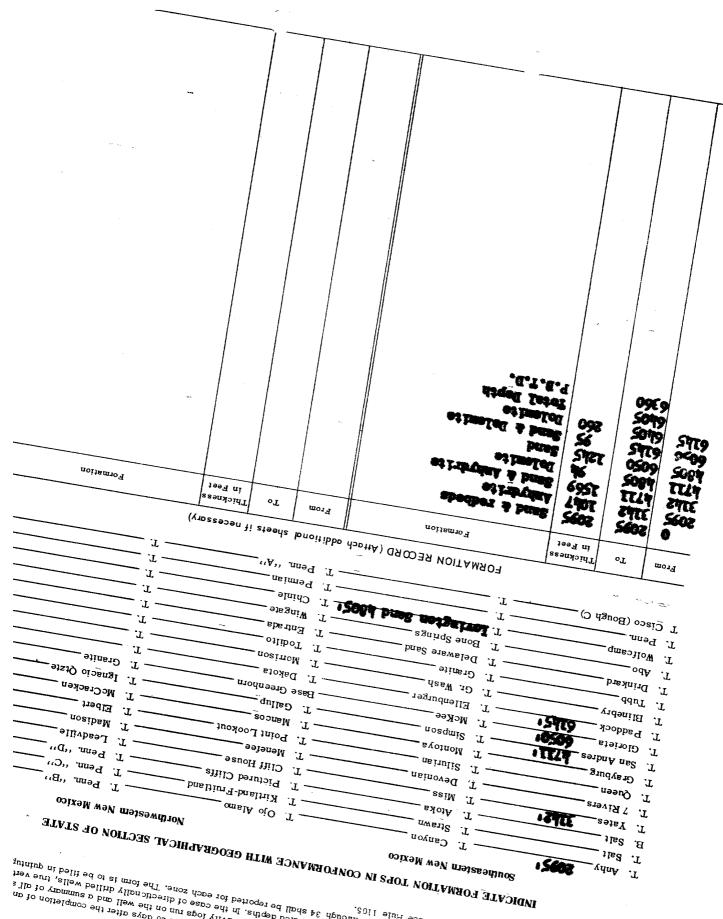
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deepened well. It shall be accompanied by one copy of all electrical and rodio-activity logs run on the well and a summary of all electrical and rodio-activity logs run on the well and a summary of all state land, where six copies are required. See Fule 1105, as shall be reported for each zone. The form is to be filled in quinture as a state land, where six copies are required. See Fule 1105, as shall be reported for each zone. The form is to be filled in quinture to be filled in quinture to be filled in quinture. This form is to be filled with the appropriate District Office of the Commission not later than 30 days after the completion of an accompanied by one copy of all electrical and radio-activity logs run on the well and a summary of all stands destined and is a measured depths. In the case of directionally drilled wells, true vertains the completion of the case of directionally drilled wells, true vertains and the case of directionally drilled wells, true vertains and the case of directionally drilled wells, true vertains and the case of directionally drilled wells, true vertains and the case of directionally drilled wells, true vertains and the case of directionally drilled wells, true vertains and the case of directionally drilled wells, true vertains and the case of directionally drilled wells, true vertains and the case of directionally drilled wells, true vertains and the case of directionally drilled wells, true vertains and the case of directionally drilled wells, true vertains and the case of directionally drilled wells, true vertains and the case of directionally drilled wells, true vertains and the case of directionally drilled wells, true vertains and the case of direction and the case of direction and the case of directions and the case of direction and the case This form is to be filled with the appropriate District Office of the Commission not later than 20 days after the completion of an ado-activity logs run on the well and a summary of all states with the accompanied by one copy of all electrical and radio-activity logs run on the well and a summary of all states.

STATE "O" No. 26

31. PERFORATIONS:

- Job No. 1: Perforated with 1 jet shot per feet at the fellowing depths: 6174', 6181', 6191', 6197', 6204', 6210', 6256', 6260', 6265', 6269', 6279', 6285', 6289', & 6294' for a total of 14' & 14 holes.
- Job No. 2: Perforated with 4 jet shots per foot at the following intervals: 6173-6176', 6179-6185', 6189-6192', 6196-6200', 6203-6206', 6208-6212, 6255-6262', 6264-6267', 6268-6272', 6276-6281', 6284-6286', 6288-6291, & 6293-6296' for a total of 50' & 200 shots.

Control of the contro

- 'n ro. le ferformisé volu i jet écou per loot at the followit, caudio: 61/df, 1181, 6191, 6191, 6201, 6210, 6256, 6260, 626, 426, 6269, 1274, 6285, 6289, a 6291 for a tolei of lul e ut l'tes.
- Jris 10. Conformed with its sector per lood at the following in errolled
 6173-6176', (177-6135', 6139-6170', 6196-6270', 6275-6271', 6208-6271',

NO. OF COPIES RECEIVED Form C -104 NEW MEXICO OIL CONSERVATION COMMISSION DISTRIBUTION Supersedes Old C-104 and C-110 REQUEST FOR ALLOWABLE SANTA FE AND FILE AUTHORIZATION TO TRANSPORT OIL AND NATURAGE 2 40 PH 155 U.S.G.S. LAND OFFICE OIL FRANSPORTER GAS OPERATOR PRORATION OFFICE Operator Skelly Oil Company Address P. O. Box 730 - Hobbs, New Mexico Reason(s) for filing (Check proper box) Other (Please explain) I Change in Transporter of: Dry Gas Recompletion Casinghead Gas Change in Ownership_ If change of ownership give name and address of previous owner ___ II. DESCRIPTION OF WELL AND LEASE Kind of Lease Pool Name, Including Formation State, Federal or Fee State Battery 2 26 Levington 660 Feet From The _ Morth_Line and_ Feet From The_ Unit Letter , NMPM, County 37 - B 31 , Township 16 - 8 Range Line of Section III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Transporter of Oil Name of Authorized Transporter of Casinghead Gas or Dry ive address to which approved copy of this form is to be sent) Box 1135 - Runice, New Maxice Skelly Oil Company Sec. Twp. Rge. If well produces oil or liquids, give location of tanks. August 19, 1965 MON ! 31 16-8 37-If this production is commingled with that from any other lease or pool, give commingling order numbers IV. COMPLETION DATA Same Res'v. Diff. Res'v. Plua Back Gas Well New Well Workover Deepen Designate Type of Completion - (X) II II P.B.T.D. Date Compl. Ready to Prod. 63601 64051 August 18, 1965 July 19, 1965 Tubing Depth Top Oil/Gas Po Name of Producing Form Fool Depth Casing Shoe 61731 Lovington Paddock **Paddosk** 64051 SEE ATTACHED SHEET TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT DEPTH SET CASING & TUBING SIZE HOLE SIZE 1200 20971 11# 8-5/8" 64051 7-7/8* 4-1/2" 6301 2-3/8" 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) OIL WELL Producing Method (Flow, pump, gas lift, etc.) First New Oil Run To Tanks Date of Test August 19, 1965 Tubing Pressure August 18, 1965 Powp = 2" x 1-1/1" x 12! x 18! Casing Pressu 24 hrs. d. During Test Water - Bbls. Gas - MCF Oil-Bbls. Actual Prod 60 O Bhla 110 Bbls. 110 Bbls. **GAS WELL** Gravity of Condensate Bbls. Condensate/MMCF Length of Test Actual Prod. Test-MCF/D Choke Size Casing Pressure Tubing Pressure Testing Method (pitot, back pr.)

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.

| /ORIGINAL\ | | _ | A_L |
|------------|----|------------|-----|
| (ORIGINAL) | Н. | k . | AND |

(Signature)

Dist. Supt.

August 20, 1965

(Date)

OIL CONSERVATION COMMISSION

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| BY | | | |
| TITLE | | | |

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 Sections I, II, III, and VI only 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.

Skelly Oil Company - State "O" 26

Perforations:

6173-6176', 6179-6185', 6189-6192', 6196-6200', 6203-6206', 6208-6212', 6255-6262', 6264-6267', 6268-6272', 6276-6281', 6284-6286',6288-6291', & 6293-6296'.