		lar.			
	NO. OF COPILO RECEIVED	*			
	SANTA FE	REQUEST FOR ALLOWABLE		Form C-104 Supersedes Old C-104 and C+110	
	FILE			Effective 1-1-65	
	U.S.G.S.			•	
	IRANSPORTER OIL				
	GAS				
I.	OPERATOR PRORATION OFFICE				
1.	Operator				
	Skelly Oil Company				
	P. O. Box 1351, Midland, Texas 79701				
	Reason(s) for filing (Check proper box)     Other (Please explain)       New Well     Change in Transporter of:   Phillips Petroleum Company purchased				
	Recompletion Oil Dry Gas Skelly's Lovington Gasoline Plant				
	Change In Ownership Casinghead Gas X Condensate October 1, 1971				
	If change of ownership give name and address of previous owner				
11	DESCRIPTION OF WELL AND	I FASF			
	Lease Name	Well No. Pool Name, Including F		Lease No.	
	Lovington Paddock Unit	63 Lovington P.	addock State, Federal or	Fee State B-2359-1	
	Unit Letter L				
	Unit Letter /				
	Line of Section 1 Toy	vnship 17-S Range	36-Е , ММРМ,	Lea County	
II.	DESIGNATION OF TRANSPORT	FER OF OIL AND NATURAL GA	S	,	
	Name of Authorized Transporter of C:1 X       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 79701				
	Iexas-New Mexico Pipeline Company       P. U. Box ISIU, Fildland         Name of Authorized Transporter of Casinghead Gas X       or Dry Gas         Address (Give address to which approved		copy of this form is to be sent)		
	Phillips Petroleum Company Phillips Bldg., Room B-2,		2, Odessa, Texas 79760		
	If well produces oil or liquids, give location of tanks. B 1 17S 36E - Yes				
		th that from any other lease or pool,		J	
	COMPLETION DATA	Oil Well Gas Well		lug Back Same Res'v. Diff. Res'v.	
	Designate Type of Completio				
	Date Spudded	Date Compl. Ready to Prod.	Total Depth F	.B.T.D.	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	ubing Depth	
				epth Casing Shoe	
Perforations		•		epth Cusing Shoe	
		TUBING, CASING, AND CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
<b>x</b> /	TEST DATA AND REQUEST F	DP ALLOWARIE (Test must be a	fter recovery of total volume of load oil and	must be equal to or exceed top allow.	
۷.	OIL WELL	able for this de	epth or be for full 24 hours)		
	Date First New Oil Run To Tanks	Date of Test	Producing Mothod (Flow, pump, gas lift, e	:::.)	
	Length of Test	Tubing Pressure	Casing Pressure C	hoke Size	
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls. C	as - MCF	
	·				
	GAS WELL				
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF C	ravity of Condensate	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	hoke Size	
VI.	L CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION		
			OIL CONSERVATION COMMISSION OCT 29 1971		
	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.		APPROVED, 19, 19		
			BYJoe D. Ramey Dist. I, Supy		
			LII lee la <u>anno 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997</u>		
	C A Lang		This form is to be filed in compliance with RULE 1104.		
	District Production Manager(Title)		If this is a request for allowable for a newly drilled or despend well, this form must be accompanied by a tabulation of the dovirtion tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow-		
	(T) October :		able on new and recompleted wells		
	Detober (be		If Fill out only Sections I, II, I Well nume or number, or transporter,	er other ouch change of condition	