SE CORIES RECEIVED DISTRIBUTION TAFE .E AND i.G.s. AND OFFICE RANSPORTER : OIL GAS PRORATION OFFICE Texaco Inc. Drawer 728 Address Hobbs, N. M. 88249 Reason(s) for filing (Check profer box) Change in Transporter of: Herong letter. Oil Dry Gas Champe in Ownership Casinghead Gas Condensate If change of ownership give name and address of previous owner..... II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation *18 West Lovington Unit West Lovington Location 1980 Feet From The South Line and nit etter Range 36-E 17-S , Township Line of Certion III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS or Condensate Address (Give address to which approved copy of this form is to be sent) Texas New Mexico Pipe Line Company Name of Authorized Transporter of Casinghead Gas 🔀 💮 or Dry Gas 🗔 Skelly Oil Company Twp. If well progress oil or liquids, give locate n of tanks. 17-S 36-If this production is commingled with that from any other lease or po IV. COMPLETION DATA Designate Type of Completion - (X) Date Spudded Date Compl. Ready to Prod. Name of Producing Formation Perforations TUBING, CASING, A HOLE SIZE CASING & TUBING SIZE V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must b OIL WELL Late Parot New Oil Run To Tanks Length of Test Tubing Pressure Actual Fred. During Test GAS WELL Length of Test . come r Method (pitot, back pr.) Tubing Pressure

VI. CERTIFICATE OF COMPLIANCE

NEW MEXICO OIL CONSERVATION COMMISSI, A REQUEST FOR ALLOWABLE

Supersedes Old C-104 and C-110 Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Other (Please explain)

660

, NMPM,

*To change well number from 1305 to 18

Kind of Lease

Feet From The

Lea

State, Federal or Fee

West

County

inghead (Gas VV		Texas New Mexico Pipe Line Company					P. O. Box 1510 - Midland, Texas				
None of Authorize (Transporter of Casinghead Gas 🔀 💮 or Dry Gas 🔝					Address (Give address to which approved copy of this form is to be sent)							
Skelly Oil Company				P. O. Box 1135 - Eunice, New Mexico								
Unit	, Sec. ! 5			:	-	ed? Wh	^{ien} Unknown					
h that fr	om any	other lease	or pool,	give commin	ngling order	number:						
n = (X)		Well Gas	s Well	New Well	Workover	Deepen	Plug Back	Same Res'v. Diff. Res				
Date Compl. Ready to Proc				Total Depth			P.B.T.D.					
Name of Producing Formation												
Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth						
Perforations						Depth Casing Shoe						
	TUE	BING, CASIN	NG, AND	CEMENTIN	NG RECOR	D						
HOLE SIZE CASING & TUBING SIZE				OEPTH SET			SACKS CEMENT					
				-		· · · · · · · · · · · · · · · · · · ·						
OR ALL	OWABI						and must be e	qual to or exceed top allo				
Date of Test			Producing Method (Flow, pump, gas lift, etc.)									
Tubing Pressure			Casing Pressure		Choke Size							
Oil-Bbls.			Water-Bbls.			Gas-MCF						
1								^				
Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate						
Tubing Pressure			Casing Pressure		Choke Size							
CE					OIL C	CONSERVA	ATION CON	MMISSION				
				APPROVED, 19								
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. J. G. BLEVINS, JR. (Signature) ASST. DIST. SUPT. (Title)				, 13								
				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.								
									(Date)			
						C-104 mus	st be filed fo	or each pool in mult				
	Date Con Name of Name of Name of Name of Name of Tubing Con Tubing	TUI CASING & CASING ALLOWABI Date of Test Tubing Pressure Oil-Bbis. Length of Test Tubing Pressure CE egulations of the rith and that the best of my known in the complex of the	th that from any other lease of the complete Com	th that from any other lease or pool, on — (X) Date Compl. Ready to Prod. Name of Producing Formation. TUBING, CASING, AND CASING & TUBING SIZE Date of Test Tubing Pressure Oil Bbls. Length of Test Tubing Pressure CE egulations of the Oil Conservation with and that the information given best of my knowledge and belief.	Unit Sec. Twp. Rge. Is gas actual I S 17-S 36-E Yes that that from any other lease or pool, give committed on - (X) Date Compl. Ready to Prod. TUBING, CASING, AND CEMENTIAL CASING & TUBING SIZE TUBING CASING, AND CEMENTIAL CASING & TUBING SIZE OR ALLOWABLE (Test must be after recovery able for this depth or be for policy of the content of the co	the that from any other lease or pool, give commingling order on — (X) Date Compl. Ready to Prod. Tubing, CASING, AND CEMENTING RECOR CASING & TUBING SIZE DEPTH SE Date of Test Tubing Pressure Oil-Bbis. Casing Pressure Casing Pressure	Unit Sec. Twp. Fige. Isrgas actually connected? Will Sec. Twp. Fige. Isrgas actually connected? Will I S 17-S 36-E Yes In that from any other lease or pool, give commingling order number: In - (X) Oil Well Gas Well New Well Workever Deepen on - (X) Date Compl. Ready to Prod. Total Depth Name of Producing Formation Top Cil/Cas Pay TUBING, CASING, AND CEMENTING RECORD CASING & TUBING SIZE DEPTH SET DR ALLOWABLE (Test must be after recovery of total volume of load oil able for this depth or be for fall 24 hours) Date of Test Producing Method (Flow. pump, gas I Casing Pressure Oil-Bbls. Water-Bbls. Length of Test Bbls. Condensate/MMCF Tubing Pressure Casing Pressure Casing Pressure Casing Pressure Casing Pressure Title This form is to be filed in If this is a request for allowell, this form must be accompleted well, this form must be accompleted well in accompleted well, this form must be accompleted well, this form must be accompleted well, this form must be accompleted well, in accompleted well, in some on new and recompleted well, in accompleted well, in some on new and recompleted well, in accompleted well,	Unit Sec. Twp. Rige. Is-gas actually connected? When I 5 17-S 36-E Yes Unknown in that from any other lease or pool, give commingling order number: In - (X) Oil Well. Gas Well New Well Workever Deepen Flug Back on - (X) Date Compil Ready to Prod. Total Depth P.B.T.D. Name of Producing Formation. Top Cil/Gas Pay Depth Casis TUBING, CASING, AND CEMENTING RECORD Depth SET Sy CASING & TUBING SIZE DEPTH SET Sy Date of Test Producing Method (Flow, pump, gas life, etc.) Tubing Pressure Casing Pressure Choke Size Length of Test Bbls. Condensate/AMACF Gravity of Casing Pressure Casing Pressure Casing Pressure Choke Size Tubing Pressure Casing Pressure Choke Size Tubing Pressure Casing Pressure Choke Size Tubing Pressure Casing Pressure Choke Size Title This form is to be filed in compliance with and that the information given best of my knowledge and belief. Title This form is to be filed in compliance with the complete wells. Fill out Sections I, II, III, and VI only well name or number, or transporter, or other sections Separate Forms C-104 must be filed for the sections of the Sections Separate Forms C-104 must be filed for the sections of the Sections Separate Forms C-104 must be filed for the sections Separate Forms C-104 must be filed for the sections Separate Forms C-104 must be filed for the sections Separate Forms C-104 must be filed for the sections Separate Forms C-104 must be filed for the sections Separate Forms C-104 must be filed for the sections Separate Forms C-104 must be filed for the sections Separate Forms C-104 must be filed for the section Separate Forms C-104 must be filed for the section Separate Forms C-104 must be filed for the section Separate Forms C-104 must be filed for the section Separate Forms C-104 must be filed for the section Separate Forms C-104 must be filed for the section Separate Forms C-104 must be filed for the section Separate Forms C-104 must be filed for the section				