1	NO. OF COPIES RECEIVED					
Ì	DISTRIBUTION					
l	SANTA FE					
	FILE					
	U.S.G.S.					
	LAND OFFICE					
	IRANSPORTER	OIL				
		GAS				
	OPERATOR					
	PRORATION OFF					
	Operator					
	Skelly Oil Company					
	Address					
	P. O. Box 1351, Midla					
	Reason(s) for filing (Check proper t					
	New We!l					
	Recompletion					
	Change in Ownership					

May 18, 1972

(Date)

	DISTRIBUTION		CONSERVATION COMMISSION	Form C-104				
	SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65				
	U.S.G.S.	AUTHODIZATION TO TR	AND ANSPORT OIL AND NATURAL G	243				
	LAND OFFICE	AUTHORIZATION TO TR	AND DIE AND NATURAL G					
	OIL							
	TRANSPORTER GAS							
	OPERATOR							
1.	PRORATION OFFICE							
	Operator  Chally Oil Company							
	Skelly Oil Company Address							
	P. O. Box 1351, Midland, Texas 79701							
	Reason(s) for filing (Check proper	box)	Other (Please explain)					
	New Well	Change in Transporter of:	Reclassified to g	as well by Conservation				
	Recompletion	Oil Dry C	Gas Commission, effec					
	Change in Ownership	Casinghead Gas Cond	ensate					
	If change of ownership give nam	nie						
	and address of previous owner							
	DESCRIPTION OF WELL A	ND I DASE						
11.	DESCRIPTION OF WELL A	Well No. Pool Name, Including	Formation Andres Kind of Lease	Lease No.				
	Monstate	1 Eunice-Monumen	t(Grayburg-San / State, Federa	or Fee State 5943				
	Location							
	Unit Letter;	660 Feet From The South L	ine and 660 Feet From	The East				
			a	•				
	Line of Section 13	Township 198 Range	36E , NMPM,	Lea County				
		ODWED OF OH AND MACHEN AT C	446					
111.	Name of Authorized Transporter o	ORTER OF OIL AND NATURAL G	Address (Give address to which appro-	ved copy of this form is to be sent)				
	Texas-New Mexico Pip		P. O. Box 1510, Midland	. Texas 79701				
	Name of Authorized Transporter o	f Casinghead Gas or Dry Gas 🗶	Address (Give address to which appro-	ved copy of this form is to be sent)				
	Warren Petroleum Con		P. O. Box 67, Monument,					
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Who	en				
	give location of tanks.	P 13 198 36E	Yes					
•••	Designate Type of Comp	letion - (X) Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v.   Diff. Res'v.				
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
		Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth				
	Elevations (DF, RKB, RT, GR, et	Name of Producing Formation						
	Perforations Depth Casing Shoe							
	TUBING, CASING, AND CEMENTING RECORD							
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT				
11	. TEST DATA AND REQUES	T FOR ALLOWARIE. (Test must be	after recovery of total volume of load oil	and must be equal to or exceed top allow-				
▼.	OIL WELL	able for this	depth or be for full 24 hours)					
	Date First New Oil Run To Tank	s Date of Test	Producing Method (Flow, pump, gas li	ijt, etc.)				
			Contra Processe	Choke Size				
	Length of Test	Tubing Pressure	Casing Pressure					
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas - MCF				
	Actual Frod, During 1881							
	GAS WELL							
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate				
			Casing Pressure (Shut-in)	Choke Size				
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Castild Liassing (Sunc. 11)					
		TANGE.	OIL CONSERV	ATION COMMISSION				
VI.	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.		I DIE CONSERVA	95 <b>1079</b>				
			APPROVED WHI	APPROVED MAY 25 1972 . 19				
			Orig. Signed by					
			BY Les Clements Oil & Gas Insp.					
			TITLE	н се два жабе				
			This form is to be filed in compliance with RULE 1104.					
	(Signed) C. J. L	OVE c. J. Love	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					
		(Signature)	well, this form must be accompated tests taken on the well in accompany	evied by a fabiliation of fue deviation				
	District Production Manager All sections of this form must be filled out com							
		(Title)	able on new and recompleted w	elis.				

able 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-104 must be filed for each pool in multiply completed wells.

V V Spard by Garente Les Gemente (18 & Gemen

RECEIVED

M. Y 2 1072

OIL CONSERVATION COMM. HORBS, N. M.