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SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OF		

October 23, 1972

(Date)

ļ-	SANTA FE REQUEST		ONSERVATION COMMISSION FOR ALLOWABLE AND NSPORT OIL AND NATURAL G	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65		
	TRANSPORTER OIL GAS OPERATOR PRORATION OFFICE	AUTHORIZATION TO TRAI	NO ON THE AND NATURAL G	~ 3		
1.	Operator					
•	Skelly Oil Company Address					
	P. O. Box 1351, Midland, Texas 79701					
	Reason(s) for filing (Check proper box	Change in Transporter of Commingting effective Sept. 30, 1972,				
	Recompletion	on Dry Gas authorized by Commingling Order PC-439				
	Change in Ownership	Casinghead Gas Conden	sate			
	If change of ownership give name and address of previous owner					
	•	I FACE				
11.	DESCRIPTION OF WELL AND Legse Name L. Van Etten	Well No. Pool Name, Including Fo		17		
	Location		State, rederan	crree		
	Unit Letter 0 816	O Feet From The South Line	e andFeet From T	The East		
	Line of Section 9 To	wnship 20S Range	37F , NMFM, Lea	a County		
	Line of Section 7 To	wnship 200 Range	, INDIPIN	County		
III.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	S Address (Give address to which approx	ed copy of this form is to be sent)		
	Shell Pipeline Corpora		P.O. Box 2648, Houston	, Texas 77001		
	Name of Authorized Transporter of Ca	singhead Gas or Dry Gas 🛣	Address (Give address to which approx			
	Warren Petroleum Corpo	ration Unit Sec. Twp. Rge.	P. O. Box 67, Monument Is gas actually connected? Whe	<u> </u>		
	If well produces oil or liquids, give location of tanks.	I 9 20S 37E	Yes			
		ith that from any other lease or pool,	give commingling order number:			
17.	Designate Trans of Complete	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.		
	Designate Type of Completi	Date Compl. Realy to Prod.	Total Depth	P.B.T.D.		
	Date Spunden	Bate comparately to receive				
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
	Perforations			Depth Casing Shoe		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	110000112					
V.		FOR ALLOWABLE (Test must be a able for this de	fter recovery of total volume of load oil epth or be for full 24 hours)	and must be equal to or exceed top allow-		
	OIL 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		
	Length of lest	Tubing 1 tour and				
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas - MCF		
		<u> </u>				
	GAS WELL					
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
			OIL CONSERVA	TION COMMISSION		
VI.	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION APPROVED 007 25 1972, 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.		Orig. Signed by			
			loe D. Kamey			
			TITLE Dist. 1, Supv.			
	(Signed) C.	J. LOVE		compliance with RULE 1104.		
	· · · · · · · · · · · · · · · · · · ·	nature)	I will all a form much be accompt	wable for a newly drilled or deepened anied by a tabulation of the deviation		
	District Production M		tests taken on the well in acco	rdance with RULE 111.		
(Title)			All sections of this form must be filled out completely for allowable on new and recompleted wells.			

All sections of this form must be filled out completely for allowable 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

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00. 241072

OIL CONSERVATION COMM. HOBBS, N. M.