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

	SANTA FE FILE U.S.G.S.	REQUEST	FOR ALLOWABLE AND ANSPORT OIL AND NATURAL G	Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65	
	TRANSPORTER OIL GAS OPERATOR				
I. PRORATION OFFICE					
	Address				
401 Fort Worth Club Bldg., Fort Worth, Texas Reason(s) for filing (Check proper box)			oth, Texas 76102		
	New Well Recompletion	Change in Transporter of: Oil Dry Gas	g		
	Change in Ownership X	Casinghead Gas Conden			
	If change of ownership give name p and address of previous owner	Penrose Production Co	ompany, 1605 Commerce	Bldg., FtWorth,Tex.	
11.	DESCRIPTION OF WELL AND	Well No. Pool Name, Including Fo	ormation Kind of Lease	Lease No.	
Gill "A" 1 Penrose-Skelly Grayburg State, Federal or Fee				or Fee Fee	
		80 Feet From The South Line	e and 612 Feet From Ti	• West	
	Line of Section 31 Tow	waship 21S Range 3	7E , NMPM, Lea	County	
111	DESIGNATION OF TRANSPORT	rer of oil and natural ga	c	•	
***	Name of Authorized Transporter of Oil Shell Pipe Line Co.	or Condensate	Address (Give address to which approve	',' '	
	Name of Authorized Transporter of Cas		P. O. Box 2848, Hou Address (Give address to which approve	ed copy of this form is to be sent)	
	Skelly Oil Co.	Unit Sec. Twp. Rge.	P. O. Box 1650, Tul		
	If well produces oil or liquids, give location of tanks.	1 31 21S 37E	yes	1959	
IV.	If this production is commingled wit COMPLETION DATA	th that from any other lease or pool, a	SKET	IV OIT CO.	
	Designate Type of Completion	on - (X) Oil Well Gas Well	New Well Workover DeeperINT	LY OIL COMPANY DIMPGEND Plug Back Same AND DIMPGEND GETTY OIL COMPANY.	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	Perforations			Depth Casing Shoe	
		THRING CASING AND	CENENTING BECORD		
	HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
				·	
v.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be aft	ter recovery of total volume of load oil ar	id must be equal to or exceed top allow-	
	OIL WELL Date First New Oil Run To Tanks	Date of Test	pth or be for full 24 hours) Producing Method (Flow, pump, gas lift,	etc.)	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
			Water - Bbls.	Gas • MCF	
	Actual Prod. During Test	Oil-Bble.	wdier - Dbis.	Gds-MCF	
	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	
	CERTIFICATE OF COURT IANG		OU CONSERVAT	TION COMPRESION	
	VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION		
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 Standing			
		BY Joe D Dist. 1			
	110150		TITLE This form is to be filed in compliance with RULE 1104.		
Agent (Signature)		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 allow-			
	(Dat	10)	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.	poor	