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 U.S.G.S.
 LAND OFFICE
 TRANSPORTER OIL
 GAS
 OPERATOR
 PROCRATION OFFICE

NEW MEXICO OIL CONSERVATION COMMISS.
 REQUEST FOR ALLOWABLE
 AND

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

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NOTE: We request continued permission to produce subject Unit production temporarily under existing commingle permits; since Unit production must still be measured separately on the basis of lease and royalty ownership prior to Unitization.

Address: Skaggs Grayburg
 Reason(s) for filing (Check proper box):
 Change in Transporter of: Oil Dry Gas Condensate
 Change in Ownership Other (Please explain): *This C-104 filed to show change in well number & lease name from M. B. Weir "A" #2 to: Skaggs Grayburg Unit #21.
 If change of ownership give name and address of previous owner:

II. DESCRIPTION OF WELL AND LEASE

Lease Name: *SKAGGS GRAYBURG UNIT Well No.: *21 Pool Name, including Formation: SKAGGS GRAYBURG Kind of Lease: State, Federal or Fee
 Location: Unit Letter E, 1980 Feet From The North Line and 660 Feet From The West Line of Section 18, Township 20-S, Range 38-E, NMEM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate : Shell Oil Company Address: P. O. Box 1910 - Midland, Texas
 Name of Authorized Transporter of Casinghead Gas or Dry Gas : Warren Pet. Company Address: Lovington, New Mexico
 If well produces oil or liquids, give location of tanks: Unit E, Sec. 18, Twp. 20-S, Rge. 38-E In gas actually connected? YES When: Unknown

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (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.S.F.D.						
Pool	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth						
Perforations		Depth Casing Shoe								
TUBING, CASING, AND CEMENTING RECORD										
HOLE SIZE		CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT		

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

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:
 Actual Prod. During Test: Oil-Bbls.: Water-Bbls.: Gas-MCF:

GAS WELL

Actual Prod. Test-MMCF/D: Length of Test: Bbls. Condensate/MMCF: Gravity of Condensate:
 Testing Method (pitot, back pr.): Tubing Pressure: Casing Pressure: Choke Size:

VI. CERTIFICATE OF COMPLIANCE

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.

E. H. SCOTT

(Signature)
 DATE ACCOUNTANT

(Title)
 1980
 Date

OIL CONSERVATION COMMISSION

APPROVED _____, 19

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.

Fill out Sections I, II, III, and VI only 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.