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FILE
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.

Reason(s) for filing (Check proper box)		Other (Please explain)	
Flow Well	Change in Transporter of:	*This C-104 filed to show change in well number & lease name from M. B. Weir "A" #2 to: Skaggs Grayburg Unit #21.	
Changing Location	Oil	Dry Gas	
Change in Ownership	Casinghead Gas	Condensate	

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name * SKAGGS GRAYBURG UNIT	Well No. Pool Name, Including Formation *21 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	Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil X	or Condensate	Address (Give address to which approved copy of this form is to be sent)
Shell Oil Company		P. O. Box 1910 - Midland, Texas
Name of Authorized Transporter of Casinghead Gas X	or Dry Gas	Address (Give address to which approved copy of this form is to be sent)
Warren Pet. Company		Lovington, New Mexico
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 18
	Twp. 20-S	Rge. 38-E
	Is gas actually connected?	When
	YES	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.T.D.					
Pool	Name of Producing Formation	Top Oil/Gas Pay	Turning 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-MCF/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

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.

APPROVED _____, 19

BY _____

TITLE _____

E. H. SCOTT

(Signature)
DATE ACCOUNTANT

(Title)

1966

Date

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.