HO. OF COPIES RECEIVED					
DISTRIBUTION					
SANTA FE					
FILE					
U.S.G.S.					
LAND OFFICE					
TOANGBORTER	OIL				
TRANSPORTER	GA5				
OPERATOR					

H	DISTRIBUTION		ONICEDIATION COMM	SELON	Sham C - 104		
- 1	DISTRIBUTION NEW MEXICO OIL CONSERVATION COMMISSION ANTA FE REQUEST FOR ALLOWABLE			Form C-104 Supersedes Old C-104 and C-110			
- 1	SANTA FE		Effective 1-1-65				
L	FILE		AND				
L	U.S.G.S.	AUTHORIZATION TO TRA	INSPORT OIL AND I	IATURAL GAS	the state of the s		
	LAND OFFICE						
Ī	TRANSPORTER GAS						
ŀ	OPERATOR						
_ }	PROPATION OFFICE						
1.	Operator						
I		an Management Compar	nv		ļ		
}	Address	Imperial-American Management Company					
ł		as Blda Midland Te	vac 7070 l				
-	Reason(s) for filing (Check proper box)	507 Midland Savings Bldg., Midland, Texas 7970 1 Other (Please explain)					
ļ		Change in Transporter of:					
1	New We!l	.	Effec	tive Januar	y 1, 1970		
	Recompletion		·				
	Change in Ownership	Casinghead Gas Conder	nsate				
	If change of ownership give name						
	and address of previous owner						
11.	DESCRIPTION OF WELL AND	LEASE	ormation	Kind of Lease	Lease No.		
	Lease Name	Well No. Pool Name, Including F	otwation		1		
	Gulf Sar key's	l Blinebry		State, Federal or Fe	· Fee		
	Location		- 				
		60 Feet From The North Lir	1980	Feet From The	West		
	Unit Letter;	Feet From The 1401th Life	e and	1 66(1 10111 1 1110			
	25 Tow	mship 21-S Range	37-E , NMPM	. Lea	County		
:	Line of Section 25 Tow	mship 21-5 Range					
			EFFECT	IVE JANUARY	31, 1977,		
III.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	AS SKELLY	OIL COMPAN	by WinGED is to be sent) PAN 1970 1		
	Name of Authorized Transporter of Oil	or Condensate	Address (Civilland)	ETTY OIL COM	PANY 070 1		
	Permian Corp.		Box 3119,	Midland, Te	xas 1970 1		
	Name of Authorized Transporter of Cas	singhead Gas 🔼 or Dry Gas 🗔	Address (Give address	to which approved co	py of this form is to be sent)		
	Skelly Oil Compan		Box 1650,	Tul sa, Okla	•		
		Unit Sec. Twp. Rge.	Is gas actually connect				
	If well produces oil or liquids,	C 25 21-S 37-1	Yes	İ			
	give location of tarks.						
	If this production is commingled with	th that from any other lease or pool,	give commingling orde	r number:			
IV.	COMPLETION DATA				Back Same Res'v. Diff. Res'v.		
		On wen	Mem Mett Morroser	!			
	Designate Type of Completic	on – (A)			ii		
	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	Tub	ing Depth		
	Lievanione (Dr., King), Kr., OK, Stelly						
				Dep	th Casing Shoe		
	Perforations						
		TUBING, CASING, AN	D CEMENTING RECO	RD			
			DEPTH S		SACKS CEMENT		
	HOLE SIZE	CASING & TUBING SIZE	- DEF 1111 S				
			.i	i			
_	The state of the s	OP ATTOWARTE /Test must be	after recovery of total vol	ume of load oil and m	ust be equal to or exceed top allow		
V.	TEST DATA AND REQUEST F	able for this d	lepth or be for full 24 ho:ಖ	·*)			
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flo	w, pump, gas lift, etc	:.)		
	Date First New Oil Run to Lunks						
		The base of the second	Casing Pressure	Che	oke Size		
	Length of Test	Tubing Pressure					
			Water - Bble.	Ga	- MCF		
	Actual Prod. During Test	Oil-Bbls.	#diel-Bbie:				
	•	 - -					
	GAS WELL	<u> </u>					
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MM	CF Gre	rvity of Condensate		
			1				
	The state of the s	Tubing Pressure (Shut-in)	Casing Pressure (Shu	t-in) Ch	oke Size		
	Testing Method (pitot, back pr.)		,				
		1	<u> </u>	CONCEDIATIO	ON COMMISSION		
VI	CERTIFICATE OF COMPLIAN	CE		CONSERVATIO	ACCOMMISSION		
. = -				NFA: 1	5 1969)		
	I hereby certify that the rules and	APPROVED	. <u>U</u> Y Y <u>1</u>				
	Commission have been complied	Mill and that the minimizing Krie.	• 11 /> / / / /		AMIL!		
		a best of my knowledge and belief.	I BY / / l		- L' TV - 1/		

VI

above is true and complete to the best of my k

de Dunham
(Signature)
Production Clerk

(Title)

Dec. 12, 1969

APPROVED	D	EC 1	5 196	9 . 19 _
71 1 10 12	11/2	1/2	1/1	
BY/	14.	Y	(-1A)	

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 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