

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

103 13 1 35 PM '66

I. OPERATOR

Operator: **N. B. HUNT**

Address: **Drawer 1350, Midland, Texas 79701**

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of:

Recompletion 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 Weatherly	Lease No. 660	Well No. 4	Pool Name, including Formation Blinebry Pool (Blinebry Form)	Kind of Lease State, Federal or Fee Fee
Location:				
Unit Letter B	660 Feet From The North Line and 1320 Feet From The East			
Line of Section 21	Township 21-S	Range 37-E	, NMPM, Lea County	

**EFFECTIVE JANUARY 31, 1977,
 SKELLY OIL COMPANY MERGED
 INTO GETTY OIL COMPANY.**

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Texas-New Mexico Pipe Line Company	Box 1510, Midland, Texas 79701
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Skelly Oil Company	Box 1135, Eunice, New Mexico
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	C 21 21-S 37-E Yes

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 <input checked="" type="checkbox"/>	Gas Well	New Well	Workover <input checked="" type="checkbox"/>	Deepen	Plug Back	Same Res'v.	Diff. Res'v. <input checked="" type="checkbox"/>
Date Spudded 7-7-47	Date Compl. Ready to Prod. 8-28-47	Total Depth 6610	P.B.T.D. 6610					
Elevations (DF, RKB, RT, GR, etc.) 3450 DF	Name of Producing Formation Blinebry	Top Oil/Gas Pay 5580	Tubing Depth 6383					
Perforations 5762', 5774', 5785', 5812', 5821', 5835', 5853' and 5860'							Depth Casing Shoe 6610	
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 17-1/4"	CASING & TUBING SIZE 13-3/8"	DEPTH SET 210'		SACKS CEMENT 218				
11	8-5/8"	2858'		1200				
7-3/4"	5-1/2"	6610'		700				

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 7-13-66	Date of Test 8-2-66	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hours	Tubing Pressure 40#	Casing Pressure 50#	Choke Size 24/64"
Actual Prod. During Test 37.8	Oil-Bbbls. 37.8	Water-Bbbls. 0	Gas-MCF 96.42

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbbls. 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. E. Spight
 (Signature)
District Engineer
 (Title)
August 9, 1966
 (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 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 completed wells.