

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

Operator Skelly Oil Company	
Address P. O. Box 249, Hobbs, New Mexico 88240	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☐	Change in Production ☐
Recompletion ☐	Change in Lease ☐
Change in Ownership ☒	Change in Operator ☐

If change of ownership give name and address of previous owner **Elidomator Oil Company, P. O. Box 249, Hobbs, New Mexico 88240**

II. DESCRIPTION OF WELL AND LEASE

Lease Name D. A. Williamson	Well No. 2	Well Type Tubbs	Kind of Lease State, Federal or Fee Fee	Lease No.
Location				
Tract Letter E	Section 1980	Foot From The North	Line 660	Foot From The West
Line of Section 23	Township 21S	Range 37E	County Lea	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Texas New Mexico Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) Box 1510, Midland, Texas
Name of Authorized Transporter of Natural Gas Skelly Oil Company	Address (Give address to which approved copy of this form is to be sent) Box 1135, Eunice, New Mexico
If well produces oil or liquids, give location of tanks. D 23 21 37	Is it actually produced? 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)	Well No.	Well Name	Work for	Deepen	Plug Back	Same Point	Diff. Point
Date Spudded	Date Cased	Ready to Produce	Total Depth	P.B.P.D.			
Elevations (D.F., P.A.B., R.T., G.P., etc.)	Name of Producing Formation	Top Oil/Gas Pay	Testing 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/MCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	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.

P. A. Wade
(Signature)
Area Superintendent
(Title)
September 30, 1967
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY **[Signature]**
TITLE **DIRECTOR DISTRICT 1**

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 well name or number, or transporter or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiple completed wells.