

NEW MEXICO OIL CONSERVATION COMMISSION
SANTA FE, NEW MEXICO

Form C-110
Revised 7/1/55.

(File the original and 4 copies with the appropriate district office).

CERTIFICATE OF COMPLIANCE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Company or Operator Skelly Oil Company Lease King "C"

Well No. 2 Unit Letter B S 1 T 238 R 36E Pool Langlie-Mattix

County Los Kind of Lease (State, Fed. or Patented) Patented

If well produces oil or condensate, give location of tanks: Unit E S 1 T 238 R 36E

Authorized Transporter of Oil or Condensate Cactus Petroleum Inc.

Address Box 1657 - Midland, Texas

(Give address to which approved copy of this form is to be sent)

Authorized Transporter of Gas _____

Address _____

(Give address to which approved copy of this form is to be sent)

If Gas is not being sold, give reasons and also explain its present disposition:

Gas being vented.

Reasons for Filing: (Please check proper box) New Well XX

Change in Transporter of (Check One): Oil xxx Dry Gas () C'head () Condensate ()

Change in Ownership () Other ()

Remarks: (Give explanation below)

To change Oil Transporter.

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the 20th day of August 19 58

Approved _____ 19 _____

OIL CONSERVATION COMMISSION

By [Signature]

Title _____

By [Signature]

Title District Superintendent

Company Skelly Oil Company

Address Box 38 - Hobbs, New Mexico

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

(Form C-104)
Revised 7/1/57

REQUEST FOR (OIL) - (GAS) ALLOWABLE

HOBBS OFFICE
1958 AUG
New Well
Recompletion

This form shall be submitted by the operator before an initial allowable will be assigned to any ~~Completed~~ Oil or Gas well. Form C-104 is to be submitted in QUADRUPPLICATE to the same District Office to which Form C-101 was sent. ~~50~~ allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Hobbs, New Mexico - August 8, 1958

(Place)

(Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

Shelly Oil Company

King "C"

Well No. 2, in NW 1/4, NE 1/4,

(Company or Operator)

(Lease)

B

1

T

238

R

362

NMPM,

Langlie-Mattix

Pool

Unit Letter

Lea

County. Date Spudded July 24, 1958

Date Drilling Completed August 3, 1958

Please indicate location:

D	C	B	A
E	F	G	H
L	K	J	I
M	N	O	P

330' PHL & 2310' PHL

Elevation 3427' D.P. Total Depth 3720' PBD

Top Oil/Gas Pay 3619' Name of Prod. Form. Queen

PRODUCING INTERVAL -

Perforations 3630-3713'

Open Hole Depth 3719' Depth Casing Shoe 3719' Depth Tubing 3460'

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____ Choke

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 164 bbls. oil, 0 bbls water in 15 hrs, 0 min. Size 2 1/2" Choke

GAS WELL TEST -

Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____

Method of Testing (pitot, back pressure, etc.): _____

Test After Acid or Fracture Treatment: _____ MCF/Day; Hours flowed _____

Choke Size _____ Method of Testing: _____

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): Fractured w/43,000 gals. lease oil mixed with 43,000# Sand

Casing Tubing 200# Date first new August 7, 1958
Press. Press. oil run to tanks

Oil Transporter Shell Pipeline Corporation

Gas Transporter

Remarks: Fractured casing perforations 3630-3713' with 43,000 gallons lease oil mixed with 43,000# sand by Western Company. After recovering all load oil, well flowed 164 barrels new oil in 15 hours through 2 1/2" choke, T.P. 200#.

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved _____, 19____

Shelly Oil Company

(Company or Operator)

OIL CONSERVATION COMMISSION

By: _____
(Signature)

Title District Superintendent

Send Communications regarding well to:

Shelly Oil Company

Name _____

Address Box 38 - Hobbs, New Mexico

By: _____

Title _____