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| 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

| | | |
|--|---|--|
| Operator Skelly Oil Company | | |
| Address P. O. Box 1351, Midland, Texas 79701 | | |
| Reason(s) for filing (Check proper box) | Change in Transporter of: | Other (Please explain) |
| New Well <input type="checkbox"/> | Oil <input type="checkbox"/> | Well was perforated in Paddock formation and dually completed with the Tubb |
| Recompletion <input checked="" type="checkbox"/> | Dry Gas <input type="checkbox"/> | |
| Change in Ownership <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/> | |

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|----------------------|--|---|------------------------|
| Lease Name E. A. Sticher | Well No. 4 | Pool Name, Including Formation Paddock | Kind of Lease State, Federal or Fee Fee | Lease No. -- |
| Location Unit Letter L ; 2310 Feet From The South Line and 810 Feet From The West Line of Section 4 Township 22S Range 37E , NMPM, Lea County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | |
|--|---|--------------------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> The Permian Corporation | Address (Give address to which approved copy of this form is to be sent) P. O. Box 1183, Houston, Texas 77001 | |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Used on Lease | Address (Give address to which approved copy of this form is to be sent) -- -- | |
| If well produces oil or liquids, give location of tanks. | Unit L | Sec. 4 |
| | Twp. 22S | Rge. 37E |
| | Is gas actually connected? No | When -- |

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 <input checked="" type="checkbox"/> | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res'v. |
| Date Spudded Commenced 7-21-74 | Date Compl. Ready to Prod. 8-26-74 | Total Depth 8110' | P.B.T.D. 6310' | | | | | |
| Elevations (DF, RKB, RT, GR, etc.) 3456' DF | Name of Producing Formation Paddock | Top Oil/Gas Pay 5174' | Tubing Depth 5402' | | | | | |
| Perforations Paddock perms. 5174-5354' | | Depth Casing Shoe -- | | | | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | | | | | |
| 17-1/2" | 13-3/8" OD | 156' | 150 Sacks | | | | | |
| 12-1/2" | 9-5/8" OD | 2880' | 1200 Sacks | | | | | |
| 8-1/4" | 7" OD | 8110' | 500 Sacks | | | | | |
| | 2-3/8" OD Tubing | 5402' | -- | | | | | |

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 8-26-74 | Date of Test 10-9-74 | Producing Method (Flow, pump, gas lift, etc.) Pumping | |
| Length of Test 24 hours | Tubing Pressure -- | Casing Pressure -- | Choke Size -- |
| Actual Prod. During Test -- | Oil-Bbls. 20 | Water-Bbls. 62 | Gas-MCF 35 |

GAS WELL

| | | | |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMCF | 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.

(Signed) **MERLIN J. EKMEN**

(Signature) **M. J. Ekman**

District Engineer

(Title)

October 11, 1974

(Date)

OIL CONSERVATION COMMISSION
APPROVED _____, 19____
BY **James J. [Signature]**
TITLE **SUPERVISOR DISTRICT I**

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.

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

| | |
|------------------|--|
| NAME OF OPERATOR | |
| ADDRESS | |
| CITY | |
| STATE | |
| ZIP | |
| PHONE | |
| DATE OF ISSUE | |
| EXPIRATION DATE | |
| ISSUED BY | |
| REMARKS | |

| | |
|----------------------------|--|
| WELL IDENTIFICATION NUMBER | |
| WELL NAME | |
| WELL TYPE | |
| WELL DEPTH | |
| WELL STATUS | |
| WELL LOCATION | |
| WELL COORDINATES | |
| WELL SURVEY | |
| WELL LOG | |
| WELL TEST | |
| WELL PRODUCTION | |
| WELL HISTORY | |
| WELL NOTES | |

| | |
|------------------|--|
| WELL OPERATOR | |
| WELL LOCATION | |
| WELL TYPE | |
| WELL DEPTH | |
| WELL STATUS | |
| WELL COORDINATES | |
| WELL SURVEY | |
| WELL LOG | |
| WELL TEST | |
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| WELL HISTORY | |
| WELL NOTES | |

NEW MEXICO OIL CONSERVATION COMMISSION
WELL LOCATION AND ACREAGE DEDICATION PLAT

Form C-102
Supersedes C-128
Effective 1-1-65

All distances must be from the outer boundaries of the Section.

| | | | | | |
|---|---------------------------------------|------------------------|-------------------------------|----------------------|---------------------------------------|
| Operator Skelly Oil Company | | | Lease E. A. Sticher | | Well No. 4 |
| Unit Letter L | Section 4 | Township 22S | Range 37E | County Lea | |
| Actual Footage Location of Well: 2310 feet from the South line and 810 feet from the West line | | | | | |
| Ground Level Elev. 3456' DF | Producing Formation Paddock | | Pool Paddock | | Dedicated Acreage: 40 Acres |

1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

☐ Yes ☐ No If answer is "yes," type of consolidation _____

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) _____

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission.

CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

Name
(Signed) J. R. Avent
J. R. Avent
Position
District Admin. Coordinator
Company
Skelly Oil Company
Date
October 14, 1974

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed
Orig. dated 12-26-46
Registered Professional Engineer
and/or Land Surveyor
(Signed) Robert S. Blynn

Certificate No.

