	4		
DISTRIBUTION			Form C-104
SANTA FE	REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-		
FILE		AND	Effective 1-1-65
U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL G	AS
LAND OFFICE			
TRANSPORTER OIL			
GAS			
OPERATOR			
PRORATION OFFICE			tion The
	any formerly Southe	rn Petroleum Explora	
Address Box 1434, Roswell,	New Mexico 88201	Same	
Reason(s) for filing (Check proper box)		Other (Please explain)	e change due to
New Well	Change in Transporter of:	Berger With Pe	troleum Exploration
Recompletion	Oil Dry Ga Casinghead Gas Conden		t company "The Wise
Change in Ownership		UIL COmpany	
If change of ownership give name and address of previous owner			
DESCRIPTION OF WELL AND L	Well No.; Poor Nume, mersuing i		Tee Neme
Rinewalt A	1 Drinkard	State, Federal	
Unit Letter D ; 560	Feet From The North Lin	ne and Feet From T	he West
	nship 22-S Range	7-Е , МАРМ,	Lea County
		EFECTIVE JANUARY	
DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GA	SKELLY OIL COMPANY	MERGED
None of Authorized Transporter of Oil	or Condensate	Addre TNTO GETTY VILL COM Box 2648, Houston,	Texas
Shell Pipe Line Com	rporation	Address (Give address to which approx	
Name of Authorized Transporter of Cas	inghead Gas 🞑 of Dry Gas 🛄	P. O. Box 1650, Tu	
Skelly Oil Company	Unit Sec. Twp. P.ge.	Is gas actually connected? Whe	en
If well produces oil or liquids, give location of tanks.	D 4 22-S 37-1		rior te March 1953
If this production is commingled wit	h that from any other lease or pool,	give commingling order number:	not commingled
. COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'
Designate Type of Completio	n = (X)		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	Name of Producing Formation	Top Cil/Gas Pay	Tubing Depth
Elevations (DF, RKB, RT, GR, etc.)			
Perforations	<u>.</u>		Depth Casing Shoe
		D CEMENTING RECORD	SACKS CEMENT
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	
	·		
. TEST DATA AND REQUEST F	OP ALLOWABLE (Test must be	after recovery of total volume of load oil	and must be equal to or exceed top al
OIL WELL	able for this a	lepth or be for full 24 hours) Producing Method (Flow, pump, gas l	
Date First New Oil Run To Tanks	Date of Test	Producing Method (riow, pump, gas .	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		Casing Pressure	Choke Size
Length of Test	Tubing Pressure		
Actual Prod, During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
Actual Proa, During 1000			
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test Mot / D			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
	CE	QIL CONSERV	ATION COMMISSION
I. CERTIFICATE OF COMPLIAN			10771 10
I hereby certify that the rules and	regulations of the Oil Conservation	APPROVED APP	
			thin
Commission have been complete with and that the incommende and belief, above is true and complete to the best of my knowledge and belief.		A IPERVISOI	R DISTRICT b
		TITLE	
A 1	/	This form is to be filed in	compliance with RULE 1104.
Re this	h		owable for a newly drilled or deepe panied by a tabulation of the devia ordence with BULE 111.
		well, this form must be account tests taken on the well in acc	

well, this form must be accompanied by a tabulation of tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allow-able 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

April 7, 1971 (Date)

(Title)

District Manager

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RECEIVED

APR - C 1971 OIL CONSERVATION COMM. HODED, N. M.