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

II.

III.

NEW MEXICO OIL CONSERVATION COMMISS. JA

Form C-104

FILE		REQUI	EST FOR ALI	LOWABLE		Supersedes Old C-10 Effective 1-1-65	4 and C-11
U.S.G.S.	AUTHORIZ	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS					
LAND OFFICE		27111011110	11074101 0101	OIL AND NATON	VAL GAS		
TRANSPORTER OIL							
OPERATOR GAS							
PRORATION OFFICE							
Operator				**************************************			-
Gulf Oil Corporation	13.						
Box 670, Hobbs, New	Mexico						
Reason(s) for filing (Check proper b				Other (Please explain	1)	44 410	
Mew Well	Change in Tra	nsporter of:				and well mmb	er
Recompletion	Oil	—	Ory Gas	effective 6-	-1-65		
Change in Ownership	Casinghead Go	ıs C	Condensate	Downs fl			
If change of ownership give name and address of previous owner	G. R. Zachary	r. 205 No.	. Linem. H	obbs. N.M.			
and address of previous owner		,,,	,	ood att.			
DESCRIPTION OF WELL AND Lease Name	D LEASE	1 W-11 N- 1 D-					
South Penrose Skelly	v Umit 5	90	ol Name, Includir	-		f Lease	
Location	/ CRITTO >	I PE	mrose Skel	lly - Grayburg	Sidle,	Federal or Fee	<u>, </u>
Unit Letter	60 Feet From Th	e_nerth	Line and	1980 Feet	F 701-	a.m.mb	
omit Letter	r eet riom in	- TIME ATT		r eet	From The	west	
Line of Section 5 , T	Cownship 228	Flange	37E	, NMPM,	Lea		County
DESIGNATION OF TRANSPORMED Name of Authorized Transporter of Co	RTER OF OIL AND			Give address to which	annroved conv	of this form is to he s	ent l
Shell Pipeline Corpo		.54.6	1 .			of this form is to be s	ent)
Name of Authorized Transporter of C	Casinghead Gas	or Dry Gas	Address (1910, Midland, Give address to which	approved copy	of this form is to be s	ent)
Skelly Oil Company		_		135, Eunice,			,
If well produces oil or liquids,	Unit Sec.	Twp. Rge	e. Is gas act	tually connected?	When		
give location of tanks.	5	228 37	7E :	Ces	Unkne	Unknown	
If this production is commingled v	with that from any oth	ner lease or p	ool, give comm	ingling order number	r:		
COMPLETION DATA	Oil We	ell Gas We	ell New Well	Workover Deep	en Plug B	ack Same Res'v. Di	Iff Boots
Designate Type of Complet		1	1	Beep	 	dcz Bdine Res.v. Di	.ii. nes-v.
Date Spudded	Date Compl. Ready	to Prod.	Total Dep	th	P.B.T.	D.	
Pool	Name of Producing	Formation	Top Oil/G	ias Pay	Tubing	Depth	
Perforations							
Perforations					Depth	Casing Shoe	
	TURII	NG CASING	AND CEMENT	ING RECORD			
HOLE SIZE		UBING SIZE		DEPTH SET		SACKS CEMENT	
				7.7.5.20			
TEST DATA AND REQUEST 1 OIL WELL	FOR ALLOWABLE	(Test must able for th	be after recovery is depth or be for	y of total volume of loc r full 24 hours)	id oil and must	be equal to or exceed	top allow-
Date First New Oil Run To Tanks	Date of Test		Producing	Method (Flow, pump,	gas lift, etc.)		
Length of Test	Tubing Pressure		Casing Pr	essure	Choke	Size	
Actual Prod. During Test	Oil-Bbls.		Water-Bbl	8	Gas-M	CF	
Actual Float Burng Test	Oli-Bbis.		wdiei - Bbi	D.	Gds - M	Cr	
				·			
GAS WELL							
Actual Prod. Test-MCF/D	Length of Test		Bbls. Con	densate/MMCF	Gravity	of Condensate	
		·····					
lesting Method (pitot, back pr.)	Tubing Pressure		Casing Pr	essure	Choke S	Size	
GEDWIEIGAME OF GOVERN	NGE						
CERTIFICATE OF COMPLIAN	NCE			OIL CONSE	RVATION (COMMISSION	
I hereby certify that the rules and	tregulations of the C	Nil Congount	ion APPRØ	VED_ 2:	-20	19 24	.
Commission have been complied	with and that the in	nformation giv	ven	100	1/2) 19 6 <u>5</u>	,
above is true and complete to the	ne best of my knowl	edge and beli	ief. BY	101	I / Chr	res	
29 2 CM			TIPLE	Supervisor	r, Distri	x 1/2	
(1/4)	/ /		- I Ini	s form is to be filed	•		
CATKINS	and			his is a request for	allowable for	a newly drilled or d	leepened
(Sig	hature)		well, th	is form must be acciden on the well in	ompanied by a	a tabulation of the d	
Area Production Mana	ger		Colo ta	on the well in	W.		

(Title)

Fay 18, 1965

(Date)

 $\,$ All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out Sections I, II, III, and VI only 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.