	NG. OF COPIES RECEIVED				
	DISTRIBUTION				
	SANTA FE				
	FILE				
	U.S.G.S.				
	LAND OFFICE				
1.	TRANSPORTER	OIL			
		GAS			
	OPERATOR				
	PRORATION OFFICE				
	Operator				
	Gulf Oil Corporation				
	Address				

II.

HI.

IV.

VI.

DISTRIBUTION	-EW MEXICO OIL	CONSERVATION COMMISSIO	Form C. LOA	
SANTA FE	REQUEST FOR ALLOWABLE.		Form C-104 Supersedes Old C-104 and C-11	
FILE	AND		Effective 1-1-65	
U.S.G.S.	AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL	L GAS	
LAND OFFICE			- 	
TRANSPORTER OIL	_		·	
OPERATOR GAS				
PRORATION OFFICE				
Operator				
Gulf 011 Cerporation				
Bex 670, Hobbs, New 1	ing to 88210			
Reason(s) for filing (Check proper bo	ox)	Other (Please explain)		
New Well	Change in Transporter of:			
Recompletion	Oil Dry Go	gs To show gas to	Pan anoutema	
Change in Ownership	Casinghead Gas Conde	nsate	enaber esta	
If change of ownership give name and address of previous owner				
DESCRIPTION OF WELL ANI				
Lease Name	Well No. Pool Name, Including F		Lease No.	
South Penrose Skelly (Init 105 Penrose Skell;	State, Fed	eral or Fee	
<u> </u>				
Unit Letter 3 ;	60 Feet From The Kerth Lir	ne and 1980 Feet Fro	m The	
Line of Section		97 %		
Line of Section T	ownship 22-8 Range	7-8 , NMPM, L	County	
DESIGNATION OF TRANSPOR	RTER OF OIL AND NATURAL GA	AS		
Name of Authorized Transporter of O			proved copy of this form is to be sent)	
Shell Pipe Idne Gerpe	retion	Box 1910, Midland, 1	feras	
Name of Authorized Transporter of C	asinghead Gas 📆 💮 or Dry Gas 🦳		proved copy of this form is to be sent)	
Scally Oil Corporation		Box 1735 Bunion W.	ar Martina	
it well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actuart, connected?	Vhen	
give location of tanks.	E 5 22-8 37-E	Yes	Unk.	
If this production is commingled w	with that from any other lease or pool,	give commingling order number:	EFFECTIVE JANUARY 31, 1977,	
COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	SKELLY OIL COMPANY MERCH	
Designate Type of Complet	ion – (X)		INTO GETTY OIL COMPANY.	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
•				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
,				
Perforations			Depth Casing Shoe	
	TUBING, CASING, AND	CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
TEST DATA AND REQUEST I OIL WELL		fter recovery of total volume of load o pth or be for full 24 hours)	il 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 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/MMCF	Gravity of Condensate	
The standard friends hash on the		Control Control Control		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
CERTIFICATE OF COMPLIAN	iCE	OIL CONSERV	ATION COMMISSION	
		APPROVED	7.19	
	regulations of the Oil Conservation with and that the information given	BY All Amer		
	he best of my knowledge and belief.			
		SUPERVISOI	R DISTRICT 🖊	
		TITLE	4/4	
	SIGNED BY	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		
	ORLAND nature)			
(Sig)	sues un G /	tests taken on the well in acc	ordance with RULE 111.	
Area Production Manag	itle)	All sections of this form n	nust be filled out completely for allow-	
(1	,	able on new and recompleted	METTS.	

January 16, 1970

(Date)

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.