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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

I.

Operator <b>Gulf Oil Corporation</b>	
Address <b>Box 670, Hobbs, New Mexico</b>	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain) <b>To change lease name and well number effective 6-1-65 Was Baker "B" #2</b>	

If change of ownership give name and address of previous owner **Skelly Oil Co., Box 730, Hobbs, N.M.**

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>South Penrose Skelly Unit 10</b>	Well No. <b>110</b>	Pool Name, Including Formation <b>Bumont Gas</b>	Kind of Lease State, Federal or Fee <b>Fee</b>
Location Unit Letter <b>K</b> ; <b>1980</b> Feet From The <b>south</b> Line and <b>1980</b> Feet From The <b>west</b> Line of Section <b>10</b> , Township <b>22N</b> Range <b>37E</b> , NMPM, <b>Lea</b> County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> <b>Dry Gas Well</b>	Address (Give address to which approved copy of this form is to be sent)		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <b>Northern Natural Gas Co.</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 160, Hobbs, N.M.</b>		
If well produces oil or liquids, give location of tanks.	Unit <b>L</b>	Sec. <b>10</b>	Twp. <b>22N</b>
	Rge. <b>37E</b>	Is gas actually connected? <b>Yes</b>	When <b>Unknown</b>

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Pool	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		

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(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	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
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	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.

**CD Boland**  
(Signature)  
**Area Production Manager**  
(Title)  
**May 18, 1965**  
(Date)

OIL CONSERVATION COMMISSION

APPROVED **May 27**, 19 **65**  
BY **Joe J. Ramsey**  
TITLE **Supervisor, District #1**

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 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.

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EW MEXICO OIL CONSERVATION COM. ON  
SANTA FE, NEW MEXICO

## CERTIFICATE OF COMPLIANCE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

**FORM C-110**  
(Rev. 7-60)

FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE

Company or Operator <b>Skelly Oil Company</b>				Lease <b>Baker "B"</b>		Well No. <b>2</b>	
Unit Letter <b>"K"</b>	Section <b>19</b>	Township <b>22-S</b>	Range <b>37-E</b>	County <b>Lea</b>			
Pool <b>Emont</b>				Kind of Lease (State, Fed, Fee) <b>Fee</b>			
If well produces oil or condensate give location of tanks			Unit Letter	Section	Township	Range	
Authorized transporter of oil <input type="checkbox"/> or condensate <input type="checkbox"/>				Address (give address to which approved copy of this form is to be sent)			
Is Gas Actually Connected? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
Authorized transporter of casing head gas <input type="checkbox"/> or dry gas <input checked="" type="checkbox"/>			Date Connected <b>1/27/1961</b>	Address (give address to which approved copy of this form is to be sent) <b>Box 308 - Omaha, Nebraska</b>			
<b>Northern Natural Gas Company</b>							

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

**REASON(S) FOR FILING** (please check proper box)

- |  |  |
|--|--|
| New Well . . . . . <input type="checkbox"/>  | Change in Ownership . . . . . <input type="checkbox"/> |
| Change in Transporter (check one)            |  |
| Oil . . . . . <input type="checkbox"/>       | Dry Gas . . . . . <input checked="" type="checkbox"/>  |
| Casing head gas . . <input type="checkbox"/> | Condensate . . . <input type="checkbox"/>              |

Remarks

**Change name of gas transporter from Permian Basin Pipe Line Company to Northern Natural Gas Company effective January 1, 1961.**

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

Executed this the **27th** day of **January**, 19 **61**

OIL CONSERVATION COMMISSION

Approved by

Title

Date

By

Title

Company

Address

**Dist. Supt.**

**Skelly Oil Company**

**Box 38 - Hobbs, New Mexico**