Í	NO. OF COPIES REC	EIVED	i										
	DISTRIBUTE	NC					MEU	MEXIC	-0 011				
	SANTA FE						1461		QUES				
	FILE							17.2	KEGOE				
	U.S.G.S.					AUTH	ORIZA	MOLTA	то т				
	LAND OFFICE						U. (.)	111011					
	TRANSPORTER	OIL											
		GAS											
	OPERATOR												
ı.	PRORATION OF	ICE			L								
	Operator												
	ANAD	ARKO	PRC	DUC	LL	ON CON	1PANY	·					
		_	~~		_			_	_				
	Reason(s) for filing	Check	93	4 ()		ORT WO	ORTH.	IEX/	AS				
	New Well	'n.	pc.	00.,		Change :	n Trans	inorter o	4.				
	Recompletion	Ħ				Oll			Dry				
	Change in Ownership	.T				Casingh	ead Gas	H	Con				
								<u> </u>					
	If change of owners and address of prev	ious ow	ner_			ORE &	Russ	ELL	ORILI				
ш.	DESCRIPTION O	F WEL	L A	ו עא	JEA.	Well No.	Pool	Name, I	cluding				
	R. E. Co							PENR	065-6				
	Location	LE				L!	٠	FENR	<u> </u>				
	Unit Letter	0	.;	<u>660</u>)	_Feet Fr	om The		5!				
	Line of Section	16		Tow	nshij	22	25	F	lange				
III.	DESIGNATION O						AND Condens		RAL				
	TEXAS-NEW MEXICO PIPE LINE COMPANY Name of Authorized Transporter of Casinghead Gas or Dry Gas												
	SKELLY OIL	COMPA	NY.										
	If well produces oil		Unit Sec. Twp. Rgs.										
	give location of tank						16	_22_	13				
	If this production is COMPLETION D	ATA_		 -			ny othe						
IV.	Designate Type	pe of C	ompl	etio	n –	(X)		ļ					
	Date Spudded				Date	Compl.	Ready (o Prod.					
	Elevations (DF, RKB, RT, GR, etc.)					Name of Producing Formation							
	Perforations												
	HOLE	SIZE		CASING & TUBING SIZE									
					 								
													
w	TEST DATA ANI	D PEAT	like	rec	10 4	TTOW	RIE	/T	, CASING, A				
▼・	OIL WELL	n werd			-44 /1	,eu+u∪π/	Ready to Prod. TUBING, CASING, A G & TUBING SIZE ABLE (Test must b						
	Date First New Oil	Run To 7		Date of Test									
	Length of Test				Tub	ing Press	ure						
	Actual Prod. During	Test			011	-Bbls.							
	GAS WELL				L				··				
	Actual Prod. Test-	MCF/D			1.en	gth of Te	at						
	morest tions lest-				"		~·						
	Testing Method (pite	ol, back	pr.)		Tub	ing Press	we (si	ut-in)				

SUPERVISOR

(Title)

DECEMBER 31,

_ CONSERVATION COMMISSION

	SANTA FE	4—1				REQUEST	FOR ALL	OWABLE			Supersedes Old C-104 and C-11				
	FILE	4-4					AND				ective 1-1-6	iS.			
	U.S.G.S. AUTHORIZATION TO TR							ANSPORT	OIL AND N	ATURAL,	SAS				
	LAND OFFICE	1 011	╂╾┤	2-A 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1											
	TRANSPORTER	GAS	+												
	OPERATOR	1 0 72	┼┤												
	PROPATION OF	1105	╂╌┤												
I.	Operator	- ICE	1												
	ANAD	MDKU DD	on He	TION	COM	ID A NIV									
	Address	ARKO PR		LIVIN	<u>L.O.</u>	ERM									
	P. O. Box 9317. FORT WORTH, TEXAS 76107												1		
	Reason(s) for filing	(Check prope	r box)	JUKI	WO	KIN	IEXAS (C	Other (Please explain)							
	New Well Change in Transporter o								•	•					
	Recompletion	OII		ſ	Dry G	as 🗍	FEEEC	TIVE SEP	TEMBER 1, 1969						
	Change in Ownership	P X		Cas	singhe	head Gas Condensate						, •,,~,	•	1	
															
	If change of owners and address of prev		me .	Moore	- R	Russei	LL DRILLI	NG COMP	ANY. RAN	CHER HEI	GHTS. Mo	NAHAN.	TEXA	s	
	and address of hier	Atous owner		LIVVIX	. \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	NOOL	DIVIDE.	HG GOIN		<u> </u>	W// W 1/10	TICH COLORS		<u> </u>	
11.	DESCRIPTION O	F WELL A	ND L	EASE											
	Lease Name			We	II No.	Pool Na	me, Including I	Pormation		Kind of Leas	Lease No.				
	R. E. Co	LE		PENROSE-SK				KELLY		AMMX RHWX	XX Fee				
	Location								Ì						
	Unit Letter	0 ;_	<u>660</u>	Fe	et Fre	om The	<u> </u>	ne and	3300~	_ Feet From '	The W	W.C.			
		,							-						
	Line of Section	<u> 16</u>	Tow	nship	22	<u>.S</u>	Range	_37E	, NMPM,		<u>L</u> e	Α	Co	ounty	
												•			
III.	DESIGNATION O								·					·	
	Name of Authorized	للانا	or C	condensate	• [_]	Address (Give address to which approved copy of this form is to be sent)									
	TEXAS-NEW MEXICO PIPE				COM	PANY_		P. O.	Box 1519	O, MIDLA	ND, TEXA	D. TEXAS 79702 d copy of this form is to be sent)			
Name of Authorized Transporter of Cast				inghead (لاً عهق	d or D	ry Gas 🗌	1					'		
	SKELLY OIL	COMPANY	· · · · · · · · · · · · · · · · · · ·			т	· · · · · · · · · · · · · · · · · · ·	P- O-	Box 372, EUNICE, NEW			XICO	<u>88231</u>		
	If well produces oil		į	Unit	Sec	- !		ls gas actu	ally connected	a.? wh	en			-	
	give location of tank	(S,		0		6	22 37							لـــــــا	
	If this production i		ed with	h that fr	om ar	ny other l	lease or pool,	give commi	ngling order	number:					
IV.	COMPLETION D	ATA				Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res	e'v. Diff.	Res'v.	
	Designate Ty	pe of Comp	oletio	n – (X)					1	1		i	1		
	Date Spudded			Date Co	mpl. I	Ready to I	Prod.	Total Dept	h		P.B.T.D.				
														- 1	
	Elevations (DF, RK	B, RT, GR, e	tc.j	Name of	Prod	ucing For	mation	Top Oil/Gas Pay			Tubing Depth				
	Perforations										Depth Casing Shoe				
				TUBING, CASING, AN				D CEMENT	NG RECOR						
	HOLE	SIZE		C	ASING	A TUB	ING SIZE		DEPTH SE	T	S/	CKS CEN	MENT		
							· .			, _, _,	<u> </u>				
											<u> </u>				
								 			1				
											1				
V.	TEST DATA AN	D REQUES	T FO	R ALL	LOWA	BLE	Test must be a able for this d	after recovery	of total volum	ne of load oil	and must be s	qual to or (exceed top	p allow-	
	OIL WELL Date First New Oil	D M. Tank		Date of	Tool		acia for this a		Method (Flow,		ft etc.)				
	Date First New Oil	Way to tave	•	Date of	1 841			Producting	Wattod (1, 10m)	homb' tos	,,, 410.,				
	Length of Test			m.h.				Casing Pre	A A LIFE	Choke Size					
	Caudiu or feet			Tubing Pressure					,,,,,,,		Cibae dize				
	Actual Prod. During	Tant		Oil-Bbls.				Water - Bbis		Gas • MCF					
	Actual Float During			0 22.					••						
\ <u></u>								 	,,,.,	1					
	GAR WELL														
	Actual Prod. Test-MCF/D				Length of Test				Bbis, Condensqte/MMCF			Gravity of Condensate			
		, 1001-101/10							davidad bution						
	Testing Method (pit	ot, back pr.)		Tubing	Press	we (Shut	-in)	Casing Pre	seure (Shut-	inl	Choke Size				
	. comp memor (pr	ou, out 1, 1, 1, 1				(,			•					
1	OPPOPIO A COMP	TE COMPT	<u></u>	187				1	011 0	ONEEDLA	TION CO	MAIGELE			
VI.	CERTIFICATE OF COMPLIANCE								CHOCKAN	TION CO	がいる2010 (アルアル)	M.			
							APPRO	VED		1	WILL.	19			
	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.					BY	And C	T Y	The	/					
	Coal //						TITLE CENSOR DISTRICT .								
								TITE TO THE DISTRICT							

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 NULE 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.