NEW MEXICO OIL CONSERVATION COMMISSION

ILE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-1				
S.G.S.	AND Effective 1-1-65 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS						
AND OFFICE	AUTHORIZATION TO TR	ANSPURT UIL AND NATUR	AL GAS				
TRANSPORTER OIL							
GAS							
OPERATOR PRORATION OFFICE							
Operator							
Skelly O11 Company Address							
P. O. Box 1351, Midl Reason(s) for filing (Check proper be	and, Texas 79701	Other (Please explain)					
New Well	Change in Transporter of:	1	from Drinkard to				
Recompletion X	Oil Dry G						
Change in Ownership	Casinghead Gas Conde	ensate					
If change of ownership give name and address of previous owner							
DESCRIPTION OF WELL AND	D LEASE Weil No. Pool Name, Including F	Formation Kind of	ease Larra Ma				
Baker "A"	4 Langlie-Matt:	•	Lease No.				
Location		1000					
,	Feet From The North Lin		rom The West				
	ownship 22S Range	37E , NMPM,	Lea County				
Name of Authorized Transporter of C	RTER OF OIL AND NATURAL GA		pproved copy of this form is to be sent)				
The Permian Corporat	:ion	P. O. Box 1183, House	ston, Texas 77001				
Name of Authorized Transporter of C	asinghead Gas 🗶 💮 or Dry Gas 🦳	Address (Give address to which a	pproved copy of this form is to be sent)				
Lease Fuel If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	When				
give location of tanks.	D 26 22S 37E	No	eval delicania				
If this production is commingled w	rith that from any other lease or pool,						
Designate Type of Complet	$ion - (X) \begin{cases} Cil Well \\ X \end{cases} Gas Well$	New Well Workover Deeper	Plug Back Same Res'v. Diff. Res'v				
Date XXXXXXXX Plugback	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
9-20-73	9-28-73	64301	3679 '				
Elevations (DF, RKB, RT, GR, etc.) 3330 DF Perforations	Name of Producing Formation Queen (Penrose Sand)	Top Oil/Gas Pay 3488*	Tubing Depth 3651				
3488-3647'			Depth Casing Shoe				
	TUBING, CASING, ANI	D CEMENTING RECORD					
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT				
11"	8-5/8" casing	2750	1400 sacks				
7-7/8"	5-1/2" casing 2-3/8" tubing	6410 ' 3651 '	200 sacks				
	2 3/ 0 Cauring	3031					
TEST DATA AND REQUEST FOIL WELL		fter recovery of total volume of load epth or be for full 24 hours)	oil and must be equal to or exceed top allow				
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, go	s lift, etc.)				
September 29, 1973	October 10, 1973 Tubing Pressure	Pumping Casing Pressure	Choke Size				
24 hours							
Actual Prod. During Test	Oil-Bbis.	Water-Bbls.	Gas - MCF				
	5	6	25				
GAS WELL		,					
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate				
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size				
CERTIFICATE OF COMPLIAN							
CENTIFICATE OF COMPLIAN	CE	OIL CONSER	VATION COMMISSION				
hereby certify that the rules and	regulations of the Oil Conservation	APPROVED	, 19				
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		BY NOW	Imis				
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		TITLE					
(Signed) C. J. I.O	C. J. Love		in compliance with RULE 1104.				
(Signature) District Production Manager (Title) October 12, 1973		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 only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.					
				(Di	/	1	nust be filed for each pool in multiply
					1	d 4	