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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE, C,
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
APR 20 3 22 PM '67

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

Operator Skelly Oil Company		
Address P.O. Box 730, Hobbs, New Mexico		
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:	Dedicated to Skelly Penrose "A" Unit Effective May 1, 1967
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner **Skelly Oil Company - Formerly H. O. Sims No. 6**

II. DESCRIPTION OF WELL AND LEASE				Hobbs, New Mexico
Lease Name Skelly Penrose "A" Unit 1	Well No. 1	Pool Name, Including Formation Langlie Mattix-Penrose Sd	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter K ; 1980 Feet From The South Line and 1980 Feet From The West Line of Section 34 Township 22S Range 37E , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)		
Texas-New Mexico Pipeline Company		Box 1510 - Midland, Texas		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)		
Skelly Oil Company		P.O. Box 1135, Eunice, New Mexico		
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 34	Twp. 22S	Rge. 37E
				Is gas actually connected? Yes When ?

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.				
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			

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 (shut-in)	Casing Pressure (shut-in)	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.

(Signature)

(Title)
May 1, 1967
(Date)

OIL CONSERVATION COMMISSION

APPROVED **1967**, 19
BY
TITLE

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 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.