NO. OF COPIES RECEIVED			
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

NEW MEXICO OIL CONSERVATION COMMISSION

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

	U.S.G.S. LAND OFFICE TRANSPORTER OIL GAS OPERATOR	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL G	AS					
I.	PRORATION OFFICE Operator								
Sigliy Oil Company Address									
	Reason(s) for filing (Check proper box) P.O. Beer 730, Habits, New Marciae Other (Please explain)								
	New Well Change in Transporter of: Recompletion Dry Gas Dry Gas Effective Key 1, 1967.								
	Change in Ownership	Casinghead Gas Conden		y 1, 170[6					
	If change of ownership give name and address of previous owner	Skelly Col C	Company - Formerly H.	O. Sims Well No. 9					
II.	DESCRIPTION OF WELL AND I	LEASE Hobbs New M	ickico ormation Kind of Lease	Lease No.					
	Skelly Pearose "A"		State Federal						
	Location Unit Letter L ; 19	Feet From The South Line	e andFeet From 1	The West					
	Line of Section 34 Tow	rnship 28 Range	375 , NMPM,	County					
III.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	S						
	Name of Authorized Transporter of Oll Name - Water Injection	ed copy of this form is to be sent)							
	Name of Authorized Transporter of Cas	inghead Gas 🕡 or Dry Gas 🦳	Address (Give address to which approx	ed copy of this form is to be sent)					
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Whe	en					
	If this production is commingled with	h that from any other lease or pool,	give commingling order number:						
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.					
	Designate Type of Completio	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
		Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top On/Gds Pdy						
	Perforations			Depth Casing Shoe					
	HOLE SIZE	TUBING, CASING, AND	DEPTH SET	SACKS CEMENT					
	NOCE 312E	CASING & TODING SIZE							
1 7	TEST DATA AND REQUEST FO	OR ALLOWARIE (Test must be a	fter recovery of total volume of load oil	and must be equal to or exceed top allow-					
٧.	OIL WELL Date First New Oil Run To Tanks	able for this de	pth or be for full 24 hours) Producing Method (Flow, pump, gas li						
			Casing Pressure	Choke Size					
	Length of Test	Tubing Pressure							
	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 COMPLIAN	CE	OIL CONSERVA	ATION COMMISSION					
	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.		APPROVED, 19						
			BY						
(Signature)		T!TLE							
		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.							
						May 1, 1967 (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.		