

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator  
TEXACO Producing Inc.  
Address  
P. O. Box 728, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)  
☐ New Well  
☐ Recompletion  
☒ Change in Ownership  
 Change in Transporter of:  
☐ Oil  
☐ Gashead Gas  
☐ Dry Gas  
☐ Condensate  
 Other (Please explain)  
 Change of Operator from Getty to  
 TEXACO Producing Inc. 12/31/84

If change of ownership give name  
and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Fee	Lease No.
Skelly Penrose "A" Unit 11	t 11	Langlie Mattix 7-Riv. Queen	State, Federal or Fee		
Location Unit Letter <u>M</u> : <u>660</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>West</u> Line of Section <u>34</u> Township <u>22S</u> Range <u>37E</u> , 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 Co. (0055-0474)	P.O. Box 2528, Hobbs, N.M. 88240
Name of Authorized Transporter of Gashead 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)
TEXACO Producing Inc.	P.O. Box 3000, Tulsa, OK 74102
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>K</u> Sec. <u>34</u> Twp. <u>22S</u> Rge. <u>37E</u>	Yes Unknown

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

W. B. Loh

(Signature)

District Operations Manager

(Title)

March 27, 1985

(Date)

OIL CONSERVATION DIVISION

APPROVED June 1, 19 85

BY [Signature]

TITLE DISTRICT 1 SUPERVISOR

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 multiple completed wells.

880112  
MAY 31 1985  
HOBBS 27712

Form 1-104 Supersedes Old C-101 and Effective 1-1-65	
RECORD SET FOR ALLOWABLE AND	
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS	
SEAL	
TO OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	
Operator	
Getty Oil Company	
Address	
P. O. Box 1351, Midland, Texas 79702	
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 checked="" type="checkbox"/>	Casinghead Gas <input checked="" type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	
Skelly Oil Company merged with Getty Oil Company 1-31-77	
If change of ownership give name and address of previous owner	
Skelly Oil Company, P. O. Box 1351, Midland, Texas 79702	

## II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Skelly Pearose "A" Unit	11	Langlie-Mattix	State, Federal or <input checked="" type="radio"/> Prop.	
Location				
Unit Letter <u>M</u> : <u>660</u> Feet From The <u>SOUTH</u> Line and <u>660</u> Feet From The <u>WEST</u>				
Line of Section <u>34</u> Township <u>22-5</u> Range <u>37-E</u> , 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	P.O. Box 1510 - Midland, Texas 79702			
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)			
Getty Oil Company	P. O. Box 1135, Eunice, New Mexico 88231			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Range
	K	34	22-5	37-E
	is gas actually connected?			When
	Yes			UNKNOWN

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	Some Resv.	Diff. Resv.
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		Testing 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 (pilot, 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.

(Signed) LELAND FRANZ

(Signature) Leland Franz

District Production Manager

(Title)

February 1, 1977

(Date)

## OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 1977

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.

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# NEW MEXICO OIL CONSERVATION COMMISSION

Form O-103  
Supersedes Old  
O-102 and O-103  
Effective 1-1-65

## SUNDRY NOTICES AND REPORT ON WELLS DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR TO MOVE BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-104) FOR SUCH PROPOSALS.)

☒ GAS WELL ☐ OTHER-

Operator  
**Skelly Oil Company**

Address of Operator  
**P. O. Box 1351, Midland, Texas 79701**

Location of Well  
UNIT LETTER **M**, **660** FEET FROM THE **South** LINE AND **660** FEET FROM  
THE **West** LINE, SECTION **34** TOWNSHIP **22S** RANGE **37E**

5. Indicate Type of Lease  
Lease ☐ Fee ☒

7. Unit Agreement Name  
**Skelly Penrose "A" Unit**

8. Name of Lease Name  
**Skelly Penrose "A" Unit**

9. Well No.  
**11**

10. Field and Pool, or Wildcat  
**Langlie-Mattix**

11. Elevation (Show whether DF, RT, GR, etc.)  
**3326' DF**

12. County  
**Lea**

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING DESIGN <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	LONG TERM MAINTENANCE <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/> <b>Casing Connections</b>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, as applicable, for proposed work) SEE RULE 1103.

**Riser on 16" and 7" OD casing brought to surface.**  
**Riser on 7" and 5" OD casing brought to surface.**  
**Inspected by L. A. Clements January 20, 1975.**

18. I hereby certify that the information above is true and complete to the best of my knowledge.

(Signed) **D. R. Crow** TITLE **Lead Clerk** 1-30-75

SIGNED **D. R. Crow** TITLE **Lead Clerk**

APPROVED BY **[Signature]** TITLE **[Signature]**

CONDITIONS OF APPROVAL, IF ANY:

FEB 1975