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DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form	County
Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form	
	m is to be sent)
Texas-New Mexico Pipe Line Company P. O. Box 1510 - Midland, Texas	,
Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form	m is to be sent)
Skelly Oil Company P. O. Box 1135 - Eunice, New Mexic	
If well produces oil or liquids, Unit Sec. Twp. Rge. Is gas actually connected? When	,0
give location of tanks. B 19 22-S 38-E Yes Not Available	^
	ARY 31, 1977.
f this production is commingled with that from any other lease or pool, give commingling order number: SKELLY OIL CONPLETION DATA	PANY MERGI
Designate Type of Completion - (X)	LECOMBANY.
	; !
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.	
Pool Name of Producing Formation Top Oil/Gas Pay Tubing Depth	
Name of Producing Formation Top Oil/Gas Pay Tubing Depth	
Perforations Double Cooling Sho	
Depth Casing Shoo	.
TUBING, CASING, AND CEMENTING RECORD	
HOLE SIZE CASING A TURNING SIZE	
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS	CEMENT
	···
TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to	or exceed top allor
DIL WELL able 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.)	
Producing Method (riow, pump, gas tift, etc.)	
Length of Test Tubing Pressure Casing Pressure Choke Size	• • • • • • • • • • • • • • • • • • • •
Length of Test Tubing Pressure Casing Pressure Choke Size	
Actual Prod. During Test Oil-Bhis. Water-Bhis	
Actual Prod. During Test Oil-Bbls. Water-Bbls. Gas-MCF	
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GAS WELL	
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TITLE . ENGLY

SIGNED

BY_

E. H. SCOTT DIST. ACCOUNTANT

SEP 1 1967

(Signature)

(Title)

(Date)

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 Sections I, II, III, and VI only 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.