NO. OF COPRES RECEIVE	D 7	-, •			
DISTRIBUTION				· · · · ·	
SANTA FE			CONSERVATION COMMIS FOR ALLOWABLE	55. 4	Form C-104 Supersedes Old C-104 and C-11
FILE		·	AND	S. Carlo	Difective 1-1-65
U.S.G.S.	ALI	THORIZATION TO TR	ANSPORT OIL AND N	ATURAL GAS	
LAND OFFICE		***	tio-	25 Hi '67	
TRANSPORTER	IL .	• ,		> in 0/	
	AS	•			
OPERATOR	: .	•		• 5	• • •
I. PRORATION OFFIC	E	TIVEAS DE	·		
Operator	•	monthing to			
		المناف		•	
Address		iobbs, new mexic	3 23240	,	•
					• •
Reason(s) for filing (Ch	7	• :	Other (Please	explain)	
New Well	j .	ge in Transporter of:	Chance	e in lease n	· ,
Recompletion	Oil	Dry C		3 111 10050 11	and.
Change in Contents	Casi	nghead Gas Conde	ensate		
If change of ownership					•
and address of previou	s owner				
II. DESCRIPTION OF	UELL AND LEASE	•			••
Lease Name	·	· Well No. Pocl N	ame, Including Formation	King	c: Lease
A. H. Blinebr	y <del>NGT-+</del> Federa	1 / 1   27   0	Drinkard	State	e, Federal or Fee
Location	Batter				
Unit Letter K	•	From The <u>South</u> Li	ne and 1650 .	Foot From The	West ·
Ont Detter 11	,reet	From the South Li	me and	_ Feet From The	
Line of Section 28	. Township 2	2-\$ Range	38-E , NMPM,	Lea	County
<del></del>				EFFECTIVE	JANUARY 31, 1977.
III. DESIGNATION OF	TRANSPORTER OF C	OIL AND NATURAL G	AS	SKELLY OF	L COMPANY MERGED
Name of Authorized Tro	nsporter of Oil 🗶 .	or Condensate	Address (Give address to	what post I	YoUL COMPANYent)
	cico Pipe Line C		P. 0. Box 1510	- Midland,	Texas
Name of Authorized Transporter of Casinghead Gas 💢 or Dry Gas 🗌			P. O. Box 1510 - Midland, Texas  Address (Give address to which approved copy of this form is to be sent)		
Skelly Oil Co			P. O. Box 1135		ew Mexico
If well produces oil or l	iquids, Unit.	Sec. Twp. Rge.	Is gas actually connected	* * *.	+ 1 1065
give location of tanks.	<u> </u>	33   22-S   38-E	Yes	<u> </u>	† 1, 1965
If this production is co	ommingled with that from	n any other lease or pool	give commingling order r	number: PC-2	1
IV. COMPLETION DAT	<u>A</u>	Oil Well Gas Well	Tax ar 11 Tur		
Designate Type	of Completion - (X)	Oil Well Gas Well	New Well Workover	Deepen Plug	Back   Same Restv. Diff. Restv.
		1 2 1		<del></del>	
Date Spudded	Date Com	pl. Ready to Prod.	Total Depth	P.B.	T.D.
		· · · · · · · · · · · · · · · · · · ·			•
Pool	Name of F	Producing Formation	Top Oil/Gas Pay	Tubi	ng Depth
	<u>.</u>	<del></del> :	<u>.</u>		•
Perforations	•			·Dept	h Casing Shoe
	· · · · · · · · · · · · · · · · · · ·				•
1101 5 613			D CEMENTING RECORD	·····	•
HOLE SIZ	LE CAS	ING & TUBING SIZE	DEPTH SET		SACKS CEMENT
				<del></del>	•
					•
N meam pama asin n	FOURTH FOR ALL O	WARY FILL IN		<del></del>	
v. TEST DATA AND R OIL WELL	EQUEST FOR ALLO	WABLE . (Test must be able for this d	ifter recovery of total volume cpth or be for full 24 hours)	e of load oil and mu	st be equal to or exceed top allow-
Date First New Oil Run	To Tanks Date of Te		Froducing Method (Flow,	pump, gas lift, etc.	) <u>.</u> .
					· · ·
Length of Test	Tubing Pr	essure	Cusing Pressure	· Cho	e Size
		•			
Actual Prod. During Te:	t OII-Bbls.		Water-11bls.	Gas	• Na 181
					•
·				····	· · · · · · · · · · · · · · · · · · ·
GAS WELL				•	
Actual Prod. Test-MCF	/D Length of	Test	Bbls. Condensate/MMCF	Grav	Ity of Condensate
			1 1		
resting Method (pitot, b	ack pr.) Tubing Pre	essure	Casing Pressure	· Chok	e Cane
VI. CERTIFICATE OF	COMPLIANCE		011 00	NISERVATION	I COMMISSION.
		•		MADERANTON	. COMM. 135.0M.
I hereby certify that th	u rules and regulations	of the Oil Conservation	APPROVED		
Commission have been	n complied with and th	nat the information given			,
		ny knowledge and belief.	Sex Contain	<del> </del>	T
•		•	TITLE	5	• • • • • • • • • • • • • • • • • • • •
· / / · · · · · · · · · · · · · · · · ·			TITLE		· · · · · · · · · · · · · · · · · · ·
e de la compansa de l	NO 21 -		This form is to be filed in compliance with RULE 1104.  If this is a request for allowable for a newly craited or deepened		
E. H. SCOTT	(Signature)		well, this form must be accompanied by a tableaution of the deviation tests taken on the well in accordance with ROLE 111.		
DIST. ACCOUNTANT			All sections of this form must be the an independent for allow-		
SEP 1 1987	(Title)		able on new and reco	mpleted wells.	
2EP 1 1301			well name or number, or transporter, or other shade class, and condition.		
	(Date)				
	•	:	Separate Forms (	C-104 must ce h	led for each pool in multiply
		•	•		