Ι.	NO. OF COPIES RECEIVED			
	P. O. Box 3167, Midland, Texas 79701 Reason(s) for filing (Check proper box) Other (Please explain)			
	New Well	Change in Transporter of:		
	Recompletion Change in Ownership	Oil Dry Go Casinghead Gas 🖌 Conder		
	If change of ownership give name and address of previous owner			, .,
11.	DESCRIPTION OF WELL AND L Lease Name	EASE Well No. Pool Name, Including F		Lease No.
	Elliott B-15-2	2 Penrose Skelly	(Grayburg) State, Federal	or Fee Pederal LC064427
	Location	Feet From The Notth Lir	ne and990Feet From T	ha East
	Line of Section 15 Township 22-S Range 37-E NMEM NUARY 31 L977, County			
III.	DESIGNATION OF TRANSPORT		AS SKELLY OIL COMPANY	ANY.
	Name of Authorized Transporter of Oll or Condensate		Addr 45 IG 10 Address to which approved copy of this form is to be sent) P. O. Box 1910, Midland, Texas 79701	
	Name of Authorized Transporter of Casinghead Gas or Dry Gas		Address (Give address to which approv	ed copy of this form is to be sent)
	Skelly Gasoline Plant	Unit Sec. Twp. Ege.	600 Texas Avenue, Eunice Is gas actually connected?	
	If well produces oil or liquids, give location of tanks.	H 15 22 37	Yes	8-25-68
	If this production is commingled with that from any other lease or pool, give commingling order number:			
1 V .		COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'		
	Designate Type of Completion	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	6-24-68	7-4-68 (load oil)	3815	3813*
	Elevations (DF, RKB, RT, GR, etc.) 3394 [®] RKB	None of Producing Formation	Top Cil/Gas Pay 3581	Tubing Depth 3713
	Perforations			Depth Casing Shoe
			7, 3705, 3713, 3721, 372	, 3814.5
	3734 . 3741. HOLE SIZE	CASING & TUBING SIZE	D CEMENTING RECORD	SACKS CEMENT
	12-1/4"	8-5/8"	336*	200 w/3% CC, Circulated
	<u>7-7/8"</u>	4-1/2"	38141•	250 Incor, 4% Gel & 100 Incor.
		2-3/8*	3713*	
V.	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 allou 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 lif	t, etc.) Flow
	7-15-68	7-15-68	Casing Pressure	Choke Size
	24 Hrs.	305	525	20/64*
	Actual Prod. During Test 144	Oil-Bbls. 78	Water-Bbls. 66	Gas - MCF 370
				GOR 4744
	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		OIL CONSERVATION COMMISSION	
	I hereby certify the the rules and regulations of the Oil Conservation		APPROVED	
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		To VIII VO TI	
	MIX		This form is to be filed in compliance with RULE 1104.	
	(IIIIn		If this is a request for allowable for a newly drilled or deepened	
	A. K. Hood (Signature) District Superintendent		well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.	
	District Superintendent(Title)		All sections of this form must be filled out completely for allow- able on new and recompleted wells.	
	August 28, 1968 (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.	

well name or number, or transporter, or other such changes of owner, Separate Forms C-104 must be filed for each pool in multiply completed wells.