V						
	NO. OF COPIES RECEIVED					
	DISTRIBUTION (EW MEXICO OIL CONSER					Form C-104 Supercodes Old C 104 and C-110
┝	SANTA FE	REQUEST FOR ALLOWABLE				Supersedes Old C-104 and C-110 Effective 1-1-65
-	U.S.G.S.	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS				
Ľ	LAND OFFICE				we the stand	
	IRANSPORTER OIL					and a surger
┝	GAS					
• F	PRORATION OFFICE					
•• -						
-	ANADARKO PRODUCTION COMPANY					
	P. O. Bex 247, Hobbs, New Mexico 88240					
ł	Reason(s) for filing (Check proper box) Other (Please explain)					
	New Well Change in Transporter of:					
	Recompletion Oil Dry Gas Change in Ownership Casinghead Gas Condensate					
Ĺ	Change in Ownership Casinghead Gas Condensate					
	f change of ownership give name and address of previous owner					
ě	·					
П. ј	DESCRIPTION OF WELL AND LEASE ease Name Well No. Pool Name, Including Formation Kind of Lease Lease No.					
	Elliott-Federal	1 1	mose Skelly		ederal or Fe	• Fed. 055-7256
ŀ	Location					
	Unit Lette: G ; 1980	Feet From The_	East Line	and 1650 Feet	From The	North
		mship 22 \$	- 37	7 E . NMPM.		Log County
Į	Line of Section 15 Tow	nship	Range 3	, NMPM,		
III.	DESIGNATION OF TRANSPORT	ER OF OIL AND	NATURAL GAS	S		
•••• [Name of Authorized Transporter of Oil	or Condense	Ite 🗌	Address (Give address to which		py of this form is to be sent)
	Shell Pipeline Corp. Name of Authorized Transporter of Casinghead Gas or Dry Gas			Midland, Texas Address (Give address to which approved copy of this form is to be sent)		
		inghead Gas i or		Address (Give address to which	approved ee	p) of the , the transformed and the second
	Skelly Oll Company	Unit Sec. 7	Twp. Rge.	Is gas actually connected?	When	
	If well produces oil or liquids, give location of tanks.	G 15	22 S 37 E	Yes		t Available
1	If this production is commingled with that from any other lease or pool, gi			give commingling order numbe	T: EFFECI	TVE JANUARY 31, 1977,
IV.	If this production is commingled with that from any other lease of pool, give comminging order manoer interest of pool, give comminging order manoer interest of the second secon					BUT PETMPANI MERCED
	Designate Type of Completio			X		
	Date Spudded	Date Compl. Ready to	o Prod.	Total Depth	P.E	B.T.D.
	9/16/68	10/15/68		4010*		4001'
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing F		Top Oil/Gas Pay	Iur	Ding Depth 3800 ⁴
	3394' GR - 3407' DF	Graybu	irg		Deg	oth Casing Shoe
						4010'
			CEMENTING RECORD			
	HOLE SIZE	CASING & TL 8-5/8"	JBING SIZE	DEPTH SET	21	SACKS CEMENT
	12-1/4 *	0-3/0		0/0		
	7-7/8*	5-1/2"	14#	4010		470 sks
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 allow- able for this depth or be for full 24 hours)					
	OIL 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,					c.)
	10/15/68	10/29/68		PL	mp	
	Length of Test	Tubing Pressure		Casing Pressure	Ch	oke Size
	24			Water - Bbls.	Go	e - MCF
	Actual Prod. During Test 425.87	Oil-Bbls. 35.87		390		120
	GAS WELL					
	Actual Prod. Test-MCF/D	Length of Test		Bbls. Condensate/MMCF	Gr	avity of Condensate
		Tubing Pressure (8	but-in]	Casing Pressure (Shut-in)	CI	loke Size
	Testing Method (pitot, back pr.) Tubing Pressure (Shut-in)					
VI	CERTIFICATE OF COMPLIANCE			OIL CONS	ERVATIO	ON COMMISSION
VI.	CERTIFICATE OF COMPENSION					
	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	D	
					BY John W. Runyan	
				TITLE		
			This form is to be filed in compliance with RULE 1104.			
	m 7/202					
				If this is a request for anowahe by a tabulation of the deviation 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 allow- able on new and recompleted wells. Fill out only Sections I, II, III, and VI for changes of owner,		
	District Superintendent					
	(Title)					
	October 18, 1968		well name or number, or transporter, or other such change of conditions Separate Forms C-104 must be filed for each pool in multiply			
	۲ <u>۱</u>					
		completed wells.				