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DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

	DISTRIBUTION SANTA FE FILE	NEW MEXICO OIL CO REQUEST I	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65				
-	U.S.G.S. LAND OFFICE TRANSPORTER CAS	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL G	AS			
_	OPERATOR PRORATION OFFICE						
1.	Operator						
	P. O. Box 1714, Midland, Texas 79701						
ŀ	leason(s) for filing (Check proper box) Other (Please explain)						
	New Well Recompletion Change in Ownership	Change in Transporter of: Oil Dry Ga: Casinghead Gas Conden	s	1			
	If change of ownership give name and address of previous owner						
II.	DESCRIPTION OF WELL AND	LEASE Well No. Pool Name, Including Fo	ormation Kind of Lease	Lease No.			
	Walden Location	1 Drinkard	State, Federa	l or Fee Fee			
		30 Feet From The North Lin					
	Line of Section 21 Tov	wnship 22 -5 Range 3'	7-E , NMPM,	Lea County			
III.	Name of Authorized Transporter of Oil		Address (Give address to which approx	i			
	Shell Pipe Line Corpo	oration singhead Gas or Dry Gas 🛣	P. 0. Box 2648, Houst	ved copy of this form is to be sent)			
	Skelly Oil Company	Unit Sec. Twp. Rge.	P. O. Box 1135, Eunic				
	If well produces oil or liquids, give location of tanks.	A 21 228 37E	No A	pproximately 4/1/76			
	If this production is commingled win COMPLETION DATA	th that from any other lease or pool,		Plug Back Same Res'v. Diff. Res'v.			
	Designate Type of Completion			X X X			
	Date Spudded 9/11/75	Date Compl. Ready to Prod. 9/20/75	Total Depth 69681	6931'			
	Elevations (DF, RKB, RT, GR, etc.) 3376 GR	Name of Producing Formation Drinkard	Top Oil/Gas Pay 6200'	Tubing Depth 6232 *			
	Perforations 6236-6540 (28 hole	s)		Depth Casing Shoe			
	TUBING, CASING, AND		D CEMENTING RECORD	SACKS CEMENT			
	11-1/4"	CASING & TUBING SIZE	1160'	625			
	7-7/8"	h-1/2"	73241	1100			
		2-3/8"	62321				
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 allowable for this depth or be for full 24 hours)						
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas la	ift, etc.)			
	k Length of Test	Tubing Pressure	Casing Pressure	Choke Size			
	Actual Prod. During Test	Oil-Bbis.	Water-Bbls.	Gas - MCF			
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate			
	1415	24 hours	7 bbls.	46°			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size 16/64"			
VI.	Potential CERTIFICATE OF COMPLIAN	1525# NCE		ATION COMMISSION			
	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 DISTRICT DISTRICT T				
	0,2	. []	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,				
		Mf					
	, , (Signal Age	gent					
	(T	ritle)					
March 17, 1976 (Date)			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.				