DISTRIBUTION NEW MEXICO OIL CONSERVATION COMMISSION Form C-104 INTAFE REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-17 ILE Effective 1-1-65 **CMA** .s.G.s. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS AND OFFICE OIL TRANSPORTER OPERATOR PRORATION OFFICE Operator Skelly Oil Company Address P. O. Box 1351, Midland, Texas 79701 Other (Please explain) Formerly: Flag-Redfern Reason(s) for filing (Check proper box) New Well Change in Transporter of: Oil Company, Lynn "B" 25, Well No. 1 Recompletion Oil Dry Gas Change in Ownership X Effective date of unitization 2-1-74 If change of ownership give name Flag-Redfern Oil Comapny, P. O. Box 23, Midland, Texas 79701 and address of previous owner. II. DESCRIPTION OF WELL AND LEASE End No. Pool Name, including Formation Langlie Kind of Lease Lease No State, Federal or Fee Federal Myers Langlie-Mattix Unit 36 LC 030139 Mattix Seven Rivers Queen 660 Feet From The South Line and 1980 Line of Section 25 Township 23**S** Range 36E , NMPM, Lea County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil 🐰 P. O. Box 1510, Midland, Texas Texas-New Mexico Pipeline Company 79701 Name of Authorized Transporter of Casinghead Gas 📉 or Dry Gas Address (Give address to which approved copy of this form is to be sent) P. O. Box 1492, El Paso, Texas 79999 El Paso Natural Gas Company Twr. Is gas actually connected? Rge. If well produces oil or liquids, 23S 36E Ν 25 Yes give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Gas Well Deepen Same Res'v. Diff. Res'v. Oil Well Workover New Well Plug Back Designate Type of Completion - (X) Total Depth Date Spudded Date Compl. Ready to Prod. P.B.T.D. Elevations (DF, RKB, RT, GR, etc., Name of Producing Formation Top Oil/Gas Pay Tubing Depth Perforations Depth Casing Shoe TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE SACKS CEMENT (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 (or full 24 hours) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Date of Test Length of Test Tubing Pressure Casing Pressure Choke Size Actual Prod. During Test Oll-Bbin. Water - Bbls. Gas - MCF **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 APPROVED_ 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. TITLE .

(Signature) Leland Franz

(Title)

(Date)

District Production Manager

January 29, 1974

This form is to be filed in compliance with RULE 1104.

If this is a request for sllowable 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, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply