	ANTAFE		CONSTRUCTION COMMISSION FOR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and C-17 Effective 1-1-65
I.	S.G.S. AND OFFICE IRANSPORTER GAS OPERATOR PRORATION OFFICE	AUTHORIZATION TO TR	ANSPORT OIL AND NA . URAL	GAS
	Skelly Oil Company	7		
	Address			
	P. O. Box 1351, Midland, Texas 79701 Reason(s) for filing (Check proper box) New Well Change in Transporter of: Other (Please explain) Formerly: Flag-Redfern Oil:			
	Flecompletion Cil Dry Gas Company, Lyn B 25, Well No. 4 Change in Ownership Casinghead Gas Condensate Effective date of unitization 2 -1-74			
	If change of ownership give name Flag-Redfern Oil Company, P. O. Box 23, Midland, Texas 79701			
П.	DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Langlia Kind of Lease Lease No.			
	Myers Langlie-Mattix Unit 35 Mattix Seven Rivers Queen State, Federal or FeeFederal Locate No. Location Location State, Federal or FeeFederal Location			
		60 Feet From The <u>South</u> Lir		The <u>West</u>
			36 <u>E</u> , <u>NMPM</u> , <u>Lea</u>	County
Ш.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Cill Texas-New Mexico Pipel	ine Company	AS Address (Give address to which appro P. O. Box 1510, Mid1	
	Name of Authorized Transporter of Casinghead Gas X or Dry Gas El Paso Natural Gas Company		Address (Give address to which approved copy of this form is to be sent) P. O. Box 1492, El Paso, Texas 79999	
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Fge. N 25 238 36E	Is gas actually connected? Wh Yes	
	If this production is commingled wit	<u></u>		
IV.	COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v. Designate Type of Completion = (X) Image: Completion - (
	Designate Type of Completio	$n = (\Lambda)$ Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	Elevations (DF, RKB, KT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
	Perforations Depth Casing Shoe			
		TUBING, CASING, AND	D CEHENTING RECORD	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			· · · · · · · · · · · · · · · · · · ·	
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)			
	Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	ft, esc.)
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	Actual Prod. During Test	C(1-Bbis.	Water-Bbls.	Gae - 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 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.		OIL CONSERVATION COMMISSION	
			APPROVED, 19	
			TITLE	
			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	
	(Signature) Leland Franz District Production Manager		tents taken on the well in accor	dence with RULE 111. st be filled out completely for allow-
	(Title) •		able on new and recompleted we	•11 # .
	February 1, 1974 (Dute)		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	