	ILE		CONSERVATION COMM FFOR ALLOWABLE AND	Form C-104 Supersedes O Effective 1-1	Form C-104 Supersedes Old C-104 and C- Effective 1-1-65	
	S.G.S. AND OFFICE	AUTHORIZATION TO TE	TRANSPORT OIL AND NATURAL GAS			
	FRANSPORTER GAS OPERATOR					
1.	Operation OFFICE Skelly Oil Compar	T T				
	P. O. Box 1351, Midland, Texas 79701					
	Reason(s) for filing (Check proper box) New Well Change in Transporter of: Fiecompletion Oil Dry Gas Change in Ownership Change and Gas Condensate Effective date of unitization 2-1-74					
	If change of ownership give name and address of previous owner	Continental Oil Company				
11.	DESCRIPTION OF WELL AND	LEASE Well No. Fool Name, Including	Formation Tomalia	Kind of Lease		Lease No.
	Myers Langlie-Mattix U	nit 37 Mattix Seven	Rivers Queen State, Federal or Fee Federal LC 0301390			LC 030139(1
	Unit Letter 0 : 660 Feet From The South Line and 1980 Feet From The East					
		ownship 23S Range	36E , NMPM	Lea		County
III.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL G	AS Address (Give address t	o which approved	d copy of this form is	to be sent)
	Texas-New Mexico Pipeline Company P. O. Box 1510, Midland, Texas 79701 Name of Authorized Transporter of Casinghead Gas Tomes of Casinghead Gas					
	El Paso Natural Gas Company P. O. Box 1492, El Paso, Texas 79999					
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Ege. P 25 23S 36E	Is gas actually connected? When No			
	If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA					
	Designate Type of Completi	on $-(X)$ Oil Well Gas Well	New Well Workover	Deepen	Plug Back Same Res	stv. Diff. Restv
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	-	P.B.T.D.	- !
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Cil/Gas Pay		Tubing Depth	<u> </u>
	Perforations			1	Depth Casing Shoe	
	TUBING, CASING, AND CEMENTING RECORD					
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SE	T	SACKS CEN	IENT
v.	TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allo 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,	etc.)	
	Length of Test	Tubing Pressure	Casing Pressure		Choke Size	
	Actual Prod. During Test	Cil-Bbis.	Water-Bbls.		Gas-MCF	
,	GAS WELL					
	Actual Prod. Test-MCF/D	Length of Test			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.

(SIGNED) INLAND FEAT

(Signature) Leland Franz

District Production Manager

February 20, 1974

(Date)

OIL CONSERVATION COMMISSION

APPROVED_ BY_

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

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 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