DISTRIBUTION NEW MEXICO OIL CONSERVATION COMMISSION Form C-104 INTA FE REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-1 Effective 1-1-65 ILE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS AND OFFICE OIL FRANSPORTER GAS OPERATOR PRORATION OFFICE Operator Skelly Oil Company Address P. O. Box 1351, Midland, Texas 79701 Reason(s) for filing (Check proper box) Other (Please explain) Formerly: Austral Oil Company, Inc., Carter Well No. 1 Recompletion OH Dry Gas Change in Ownership Casinghead Gas Condensate Effective date of unitization 2-1-74 If change of ownership give name Austral Oil Company, Inc., P. O. Box 259, Lamesa, Texas 79331 and address of previous owner. II. DESCRIPTION OF WELL AND LEASE Cell No. Pool Name, Including Formation Langlie Lease No. 10 State, Federal or Fee Fee Myers Langlie-Mattix Unit Mattix Seven Rivers Queen Feet From The North East 660 Unit Letter Feet From The Line of Section 25 Township 23S Range 36E NMPM, Lea County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil 💢 Address (Give address to which approved copy of this form is to be sent) Texas-New Mexico Pipe Line Company P. O. Box 1510, Midland, Texas 79701 or Dry Gas Name of Authorized Transporter of Casinghead 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 P.ge. Twp. When Is gas actually connected? Unit If well produces oil or liquids, ' 23S 25 37E Yes If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well Workever Same Res'v. Diff. Res'v. Plug Back Designate Type of Completion - (X) Date Spudded Date Compl. Ready to Prod. Total Depth 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 DEPTH SET 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 for full 24 hours) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Date First New Oil Run To Tanks Producing Method (Flow, pump, gas lift, etc.) Tubing Pressure Length of Test Casing Pressure Choke Size Actual Prod. During Test Gga - MCF Oil - Bhis. Water - Bbls. **GAS WELL** Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate Casing Pressure (Shut-in) Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Connervation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

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	(Signature)	Leland Franz
District Produc	ction Manag	ger
	(Fitle)	•
January 29, 197	74	

(Date)

OIL CONSERVATION COMMISSION

APPROVED BY_ TITLE _

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

If this is a request for allowable for a newly drilled or despened well, this form must be accompanied by a tabulation of the deviation tents 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