## Distinct NEW MEXICO OIL CONSERVATION COMMISSION Form C-104 INTA FE REQUEST FOR ALLOWARTE 🔍 Supersedes Old C-104 and C-1 LE Effective 1-1-65 AND S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS AND OFFICE OIL FRANSPORTER GAS OPERATOR PRORATION OFFICE Operator Skelly Oil Company P. O. Box 1351, Midland, Texas 79701 Reason(s) for filing (Check proper box) Other (Please explain) Formerly: Amerada Hess New Well Change in Transporter of: Corporation, State LMT, Well No. 8 Recompletion Oil Dry Gas Change in Ownership X Casinghead Gas Condensate Effective date of unitization 2-1-74 If change of ownership give name Amerada Hess Corporation, P. O. Drawer 817, Seminole, Texas 79603 and address of previous owner II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Langlie Kind of Lease Lease No. State, Federal or Fee Myers Langlie-Mattix Unit 66 B-1431 Mattix Seven Rivers Queen State North Line and ת 660 West Feet From The Unit Letter Feet From The 36 23S 36E Township Range , NMPM. Lea Line of Section 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 X or Condensate Shell Pipeline Corporation P. O. Box 2648, Houston, Texas 77001 or Dry Gas Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas X El Paso Natural Gas Company P. O. Box 1492, E1 Paso, Texas 79999 Is gas actually connected? When Unit Twp. If well produces oil or liquids, give location of tanks. 23S $\mathbf{E}$ 36 36E Yes Unknown If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Workover Plug Back Same Res'v. Diff. Res'v. Designate Type of Completion - (X) 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 Depth Casing Shoe Perforations TUBING, CASING, AND CEMENTING RECORD CASING & TUBING SIZE SACKS CEMENT HOLE SIZE DEPTH SET (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 Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Date of Test Casing Pressure Length of Test Tubing Pressure Choke Size Oil-Bhis. Water - Bbls. Gas - MCF Actual Prod. During Test **GAS WELL** Actual Prod. Test-MCF/D Bbls. Condensate/MMCF Gravity of Condensate Length of Test Casing Pressure (Shut-in) Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Choke Size OIL CONSERVATION COMMISSION VI. CERTIFICATE OF COMPLIANCE \* 1 Orig. Signed by 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. Joe D REDEV BY\_ Dist. I, Supr. 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 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

(Signature) Leland Franz

(Date)

District Production Manager

February 1, 1974