STATE OF THE STATE NEW MEXICO OIL CONSERVATION COMMISSION form C-104 INTA FE REQUEST FOR ALLOWABLE -Supersedes Old C-104 and C-1 ILE **DIAN** .s.G.s AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS AND OFFICE OIL TRANSPORTER 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: Continental New Well Change in Transporter of: Oil Company, Vaughn B 1 Well No. 3 Recompletion OIL Dry Gas Effective date of unitization 2-1-74 Change in Ownership X Casinghead Gas Condensate If change of ownership give name Continental Oil Company, P. O. Box 460, Hobbs, New Mexico 88240 and address of previous owner ___ Continental Oil Company, P. O. Box 460, Hobbs, New Mexico 88240 II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Langlie Kind of Lease Legse No. State, Federal or Fee Federal Myers Langlie-Mattix Unit 138 LC-03046 Mattix Seven Rivers Queen Location 660 Feet From The <u>North</u> Line and 660 Unit Letter Feet From The East 1 Township 245 Range 36E , NMPM, Lea Line of Section County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Cil X Address (Give address to which approved copy of this form is to be sent) P. O. Box 2648, Houston, Texas 77001 Shell Pipe Line Corporation Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead GasX or Dry Gas P. O. Box 1492, El Paso, Texas El Paso Natural Gas Company 79999 P.ge. Is as actually connected? When Unit Twp. If well produces oil or liquids, give location of tanks. Α 24S 36E Yes 10-7-58 If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Gas Well New Well Workover Deepen Same Restv. Diff. Restv Oil Well Plug Back Designate Type of Completion -(X)Total Depth Date Compl. Ready to Prod. P.B.T.D. Date Spudded Top Oll/Gas Pay Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Tubing Depth Perforations Depth Casing Shoe TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT CASING & TUBING SIZE HOLE SIZE (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 Choke Size Length of Test Tubing Pressure Gas - MCF Oll-Bbis. Water - Bble. Actual Prod. During Test GAS WELL Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate Casing Pressure (Shut-in) Choke Size Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) OIL CONSERVATION COMMISSION VI. CERTIFICATE OF COMPLIANCE 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. BY.

This form is to be filed in compliance with RULE 1104. (MCMCD, MEDICAD FIRMZ 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. (Signature) Leland Franz

District Production Manager

January 31, 1974

(Title)

(Date)

TITLE _

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