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TRANSPORTER	OIL	
	GAS	
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NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

I.

Operator <b>Skelly Oil Company</b>	
Address <b>P. O. Box 1351, Midland, Texas 79701</b>	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Eugene Coats</b>	Well No. <b>2</b>	Pool Name, including Formation <b>Jalnet (Seven Rivers)</b>	Kind of Lease State, Federal or Fee <b>Fee</b>	Lease No. <b>*****</b>
Location				
Unit Letter <b>N</b>	<b>660</b>	Feet From The <b>South</b>	Line and <b>1980</b>	Feet From The <b>West</b>
Line of Section <b>3</b>	Township <b>24S</b>	Range <b>36E</b>	Merid. <b>10W</b>	County <b>Lea</b>

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
<b>Shell Pipeline Corporation</b>	<b>P.O. Box 2648, Houston, Texas 77001</b>					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
<b>El Paso Natural Gas Company</b>	<b>P.O. Box 1492, El Paso, Texas</b>					
If well produces oil or liquids, give location of tanks.	Unit <b>P</b>	Sec. <b>3</b>	Twp. <b>24S</b>	Rge. <b>36E</b>	Is gas actually connected? <b>Yes</b>	When <b>?</b>

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input checked="" type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input checked="" type="checkbox"/>
Date Spudded <b>*****</b>	Date Compl. Ready to Prod. <b>March 17, 1970</b>		Total Depth <b>3668'</b>		P.B.T.D. <b>*****</b>			
Elevations (DF, RKB, RT, GR, etc.) <b>3398' DF</b>	Name of Producing Formation <b>Seven Rivers</b>		Top Oil Gas Pay <b>*****</b>		Tubing Depth <b>3500'</b>			
Perforations <b>Open-Hole Section 3512-3668'</b>					Depth Casing Shoe <b>3505'</b>			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<b>NO CHANGE FROM ORIGINAL COMPLETION</b>								

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 allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tanks <b>3-17-70</b>	Date of Test <b>March 23, 1970</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Pumping</b>	
Length of Test <b>24 hours</b>	Tubing Pressure <b>*****</b>	Casing Pressure <b>*****</b>	Choke Size <b>*****</b>
Actual Prod. During Test	Oil - Bbls. <b>1</b>	Water - Bbls. <b>8,000</b>	Gas - MCF <b>-0-</b>

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate-MCF	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) P. L. NUNLEY

**P. L. Nunley**

(Signature)

**District Production Manager**

(Title)

**March 26, 1970**

(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 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