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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

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 Skelly Oil Company	
Address P. O. Box 730 - Hobbs, New Mexico	
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"/>

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Langlie Mattix

Lease Name E. Coats	Well No./ Pool Name, Including Formation 3 Langlie Mattix - Queen	Kind of Lease State, Federal or Fee Fee	Lease No. ----
Location:			
Unit Letter "M"	660	Feet From The South	Line and 660 Feet From The West
Line of Section 3	Township 24-S	Range 36-E	County Lea

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)		
Shell Pipeline Corporation	P. O. Box 1910 - Midland, Texas		
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)		
El Paso Natural Gas Company	P. O. Box 1492 - El Paso, Texas		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.
	P	3	24-S
			36-E
			Yew

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'tv. <input type="checkbox"/>	Diff. Res'tv. <input checked="" type="checkbox"/>
Date started Commenced July 14, 1966	Date Compl. Ready to Prod. July 21, 1966		Total Depth 3906'		P.S.T.D. -----			
Elevations (DF, RKB, RT, GR, etc.) 3402' DF	Name of Producing Formation 7 Rivers & Queen		Top Oil/Gas Pay 3536'		Tubing Depth 2535'			
Perforations 3536-3906' Open Hole					Depth Casing Shoe 3536'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17"	13-3/8"		346'		225			
12-1/2"	9-5/8"		3146'		750			
8-3/4"	7"		3536'		250			
---	3-1/2"		2535'		---			

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 July 21, 1966	Date of Test August 1, 1966	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 Hours	Tubing Pressure ----	Casing Pressure ----	Choke Size ----
Actual Prod. During Test 604 bbls.	Oil-Bbls. 4	Water-Bbls. 600	Gas-MCF TSTM

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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.

(ORIGINAL SIGNED) **H. E. Aab**

(Signature)

District Superintendent

(Title)

August 16, 1966

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19 _____

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 completed wells.