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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
APR 20 3 18 PM '67

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 ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
Dedicated to Skelly Fenrose "A" Unit
Effective May 1, 1967
If change of ownership give name and address of previous owner
Skelly Oil Company - Formerly Ellen Sims No. 5

II. DESCRIPTION OF WELL AND LEASE Hobbs, New Mexico
Lease Name Skelly Fenrose "A" Unit Well No. 13 Pool Name, including Formation Large Unit - Fenrose Sd. Kind of Lease State, Federal or Fee Fee Lease No.
Location
Unit Letter B ; 330 Feet From The North Line and 2310 Feet From The East
Line of Section 3 Township 23S Range 37E , NMPM, 12S County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐
Shull Pipeline Corporation Address (Give address to which approved copy of this form is to be sent)
P.O. Box 1910, Midland, Texas
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐
Skelly Oil Company Address (Give address to which approved copy of this form is to be sent)
P.O. Box 1135, Eunice, New Mexico
If well produces oil or liquids, give location of tanks. Unit J Sec. 3 Twp. 23S Rge. 37E Is gas actually connected? Yes When ?

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)
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

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	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.

(Signature)
District Superintendent
(Title)
May 1, 1967
(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.