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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

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

JUL 17 2 19 PM '65

Operator **Skelly Oil Company**

Address **Box 730 - Hobbs, New Mexico**

Reason(s) for filing (Check proper box)		Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:	Rededicated to Skelly Fenrose "B" Unit effective July 1, 1965.
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner **Skelly Oil Company - Formerly - Harrison "A" No. 2 Hobbs, New Mexico**

DESCRIPTION OF WELL AND LEASE			
Lease Name <b>Skelly Fenrose "B" Unit</b>	Well No. <b>33</b>	Pool Name, including Formation <b>Langlie Matrix - Fenrose Sd.</b>	Kind of Lease State, Federal or Fee <b>Fee</b>
Location			
Unit Letter <b>K</b> ; <b>1980</b> Feet From The <b>South</b> Line and <b>1980</b> Feet From The <b>West</b>			
Line of Section <b>5</b> , Township <b>23-S</b> Range <b>17-E</b> , NMPM, <b>Lea</b> County			

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>Shell Pipe Line Corporation</b>			Address (Give address to which approved copy of this form is to be sent) <b>Box 1710 - Midland, Texas</b>		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Skelly Oil Company</b>			Address (Give address to which approved copy of this form is to be sent) <b>Box 1135 - Amarillo, New Mexico</b>		
If well produces oil or liquids, give location of tanks.	Unit <b>L</b>	Sec. <b>5</b>	Twp. <b>23-S</b>	Rge. <b>17-E</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:

COMPLETION DATA									
Designate Type of Completion - (X)									
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.						
Pool	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

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

S WELL			
Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Flowing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given is true and complete to the best of my knowledge and belief.		APPROVED <b>JUL 17 1965</b> , 19	
<b>John C. Leach</b> (Signature) Dist. Superintendent		BY <b>John C. Leach</b> Supervisor, District No. 1	
(Title)		TITLE	
<b>JUL 15 1965</b> (Date)		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 Sections I, II, III, and VI only 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.	