

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
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

JUL 17 2 20 PM '65

I. Operator  
Address: **Skelly Oil Company**  
**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 Panrose "B" Unit effective July 1, 1965.**

If change of ownership give name and address of previous owner  
**Skelly Oil Company - Formerly - Harrison "A" No. 3 Hobbs, New Mexico**

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Skelly Panrose "B" Unit</b>	Well No. <b>38</b>	Pool Name, Including Formation <b>Langlie Mattix - Panrose Sl.</b>	Kind of Lease State, Federal or Fee <b>Fee</b>	
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>5</b>	Township <b>23-S</b>	Range <b>37-E</b>	NMPM, <b>Lea</b>	County

III. 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 1910 - 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 - Dunice, 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>37-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:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
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			

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)

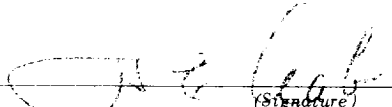
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

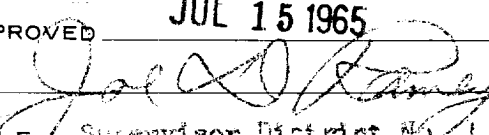
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

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.

  
Dist. Superintendent  
(Title)  
JUL 15 1965  
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 15 1965, 19  
BY   
TITLE Supervisor District No. 1

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.