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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
Jul 17 2 17 PM '65

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

I. **Owner**
Skelly Oil Company
Address
Box 790 - North, Midland, Texas
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter ☐ Other (Please explain)
Changing status ☐ Oil ☐ Dry Gas ☐ Relinquished to Skelly Petroleum Co. Unit,
Change in ownership ☒ Casinghead Gas ☐ Condensate ☐ Effective July 1, 1965.

If change of ownership give name and address of previous owner
Ralph Lowe - Formerly - King "B" No. 6
Midland, Texas

II. DESCRIPTION OF WELL AND LEASE

Lease Name
Skelly Petroleum "B" Unit
Well No. Pool Name, including Formation
25 Skelly Petroleum Co. Permian Sh.
Kind of Lease
State, Federal or Free Fee
Location
Unit Center H 1789.94 Feet From The North Line and 330 Feet From The East
Line of Section 6 Township 33-N Range 1-E, T13N, R1E, S1E
County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐
Skelly Pipeline Corporation
Address (Give address to which approved copy of this form is to be sent)
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)
Midland, Texas
If well produces oil or liquids, give location of tanks.
Unit F Sec. 5 Top. 24' Age. 10' 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)
Oil Well Gas Well New Well Workover Deepen Plug Back Same Rest'v. Diff. Rest'v.
Date Spudded
Total Depth
F.B.T.D.
Perforation
Top Oil/Gas Pay
Tubing Depth
Depth Casing Shoe
Casing, and Cementing Record
HOLE SIZE
CEMENT & 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
Casing Method (pilot, 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.

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 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.