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| 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 Box 730 - Hobbs, New Mexico | |
| Reason(s) for filing (Check proper box) | Other (Please explain) |
| New Well <input type="checkbox"/> | Plugged and abandoned well Reentered |
| Recompletion <input type="checkbox"/> | |
| Change in Ownership <input type="checkbox"/> | |
| Change in Transporter of: | |
| Oil <input type="checkbox"/> | Dry Gas <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

| | | | | |
|---|-----------------------|--|---|-----------------------|
| Lease Name Skelly Penrose "B" Unit | Well No. 63 | Pool Name, Including Formation Penrose 3d-Langlie Mattix | Kind of Lease State, Federal or Fee Fee | Lease No. - |
| Location | | | | |
| Unit Letter B ; 660 Feet From The North Line and 1980 Feet From The East | | | | |
| Line of Section 8 Township 23S Range 37E , NMPM, Lea 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"/> | Address (Give address to which approved copy of this form is to be sent) | | | | | |
| Shell Pipe Line Company | 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) | | | | | |
| Skelly Oil Company | Box 1135 - Eunice, New Mexico | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit K | Sec. 5 | 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) | Oil Well <input checked="" type="checkbox"/> | Gas Well <input type="checkbox"/> | New Well <input type="checkbox"/> | Workover <input type="checkbox"/> | Deepen <input type="checkbox"/> | Plug Back <input type="checkbox"/> | Same Res'v. <input type="checkbox"/> | Diff. Res'v. <input type="checkbox"/> |
| Date Spudded 7-1-67 | Date Compl. Ready to Prod. July 9, 1967 | | Total Depth 3730' | | P.B.T.D. - | | | |
| Elevations (DF, RKB, RT, GR, etc.) 3330' G.L. | Name of Producing Formation Penrose (Queen) | | Top Oil/Gas Pay 3512' | | Tubing Depth 3502' | | | |
| Perforations 3512' - 3650' - Intervals - Penrose (Queen) | | | | | Depth Casing Shoe 3730' | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 11" | 8-5/8" OD | | 385' | | 325 | | | |
| 7-7/8" | 5-1/2" OD | | 3730' | | 1400 | | | |
| - | 4-1/2" OD | | 3730' | | 200 | | | |
| - | 2-3/8" OD | | 3502' | | - | | | |

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 9, 1967 | Date of Test July 17, 1967 | Producing Method (Flow, pump, gas lift, etc.) Pump | |
| Length of Test 24 hours | Tubing Pressure - | Casing Pressure - | Choke Size - |
| Actual Prod. During Test 36 | Oil-Bbls. 13 | Water-Bbls. 23 | 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.

(ORIGINAL
SIGNED) V. E. Fletcher

(Signature)

District Superintendent

(Title)

July 19, 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.