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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 22 PM '65

Skelly Oil Company

Box 730 - Hobbs, New Mexico

son(s) for filing (Check proper box)

Well

Completion

Change in Ownership

Change in Transporter of:

Oil

Casinghead Gas

Dry Gas

Condensate

Other (Please explain)
Dedicated to Skelly Penrose "B" Unit
effective July 1, 1965.

Change of ownership give name
address of previous owner

Redfern Development Corp. - Formerly J. J. Redfern No. 2
Midland, Texas

DESCRIPTION OF WELL AND LEASE

Well Name

Well No.

Pool Name, Including Formation

Kind of Lease

State, Federal or Fee

Fee

Skelly Penrose "B" Unit

48

Langlie Mattix - Penrose Sd.

Unit Letter

1960

Feet From The

North

Line and

660

Feet From The

West

Line of Section

8

Township

23-S

Range

37-E

NMPM,

Lea

County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil

or Condensate

Address (Give address to which approved copy of this form is to be sent)

Shell Pipe Line Corporation

Box 1910 - Midland, Texas

Name of Authorized Transporter of Casinghead Gas

or Dry Gas

Address (Give address to which approved copy of this form is to be sent)

Skelly Oil Company

Box 1135 - Huron, New Mexico

If well produces oil or liquids,
give location of tanks.

Unit

Sec.

Twp.

Rge.

Is gas actually connected?

When

D

8

23-S

37-E

Yes

?

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)

Oil Well

Gas Well

New Well

Workover

Deepen

Plug Back

Same Res'tv.

Diff. Res'tv.

Date Spudded

Total Depth

P.B.T.D.

Pool

Top Oil/Gas Pay

Tubing Depth

Perforations

Depth Casing Shoe

ILLEGIBLE

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-Bbbls.

Water-Bbbls.

Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D

Length of Test

Bbbls. 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.

Signature

Dist. Superintendent

(Title)

JUL 15 1965

(Date)

OIL CONSERVATION COMMISSION

APPROVED

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.