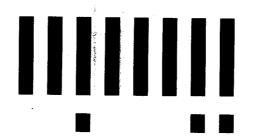
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NEW MEXICO OIL CONSERVATION COMMISSION Email	DISTRIBUTION				- · · · · · · · · · · · · · · · · · · ·	
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This well was shut down March 15, 1973, as uneconomical to operate. We propose to temporarily abandon the well by leaving it shut in. The fluid level will be monitored periodically, and if the level rises sufficiently, the well will be tested and if economical to produce will be returned to production. Name Page Pag						or Wildcat
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7. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any propose work) SEE RULE 1703. This well was shut down March 15, 1973, as uneconomical to operate. We propose to temporarily abandon the well by leaving it shut in. The fluid level will be monitored periodically, and if the level rises sufficiently, the well will be tested and if economical to produce will be returned to production. 8. I hereby certify that the information above is true and complete to the best of my knowledge and belief. (Complete Completed Operations (Clearly state all pertinent dates, including estimated date of starting any propose to temporarily abandon the well by leaving it shut in. The fluid level will be monitored periodically, and if the level rises sufficiently, the well will be tested and if economical to produce will be returned to production.	PULL OR ALTER CASING		CHANGE PLANS			
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MAR 28 1973	•		and complete to the be	st of my knowledge and belief.		
MAR 28 1970		D. R.	Crow TITLE	Lead Clerk	DATE MARCI	1 26, 1973
		D. R.	Crow TITLE	Lead Clerk		
	PPROVED BY	D. R.	Crow TITLE	Lead Clerk		

CONDITIONS OF APPROVAL, IF ANY:







Job separation sheet

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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

FILE		+		F	REQUEST	BEOR! ALV	DNABLE			rsedes Old :tive 1-1-65	C-104 and C-11	
U.S.G.S.		+	AUTUO	DIZATIO	T/A TD	AND	_ 251, Ma.			e 1-1-03		
LAND OFFICE	• • • • • • • • • • • • • • • • • • • •	+	AUTHU	RIZALIU	W I DECK	A PSP PRES	hi klavaa v	NATURAL	GAS			
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Reason(s) for filing	(Check prope	r box)	New 230.	<u> </u>		(Other (Please	explain)				
New Well			Change in	Transporter	r of:		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	**********				
Recompletion			011	XXX	Dry G	ias 🗌	Well re	eturned	to product	ing sta	tus.	
Change in Ownersh	ip		Casinghead	d Gas	Conde	ensate 🗌			•	_		
If change of owner	shin give na	me			•••							
and address of pre							····					
II DECOREDMON												
II. DESCRIPTION	OF WELL A	ND LEAS		Pool Name,	Including F	Formation		Kind of Leas	se .		Lease No.	
Skelly Pen	rose "B"	Hait	ł.	Langlie	-				alorFee Ta	.	Ledse 140.	
Location		V										
Unit Letter	3 .	1980	Feet From	The Mon	rth ,	ne and 19	BO	Foot From	The East			
Onit Letter			't eer tiom	The	L1	ne una		reetrom	The			
Line of Section	8	Township	23-8		Range .	37- X	, NMPM,	Lea			County	
I. DESIGNATION											 	
Name of Authorized	-		or Cor	ndensate [_]				oved copy of this	form is to	be sent)	
Shell Pipe Name of Authorized			nd Gas 🔻	or Dry (Gre C	!		-	oved copy of this	form in to	he cost)	
Skelly Oil		or Captuduec	Id Gds [of Diy	Jus []				, New Nex		oe sent)	
		Unit	Sec.	Twp.	Rge.		ally connecte		ien			
If well produces of give location of tar		K	•	235	378	Yes	•	i	7			
If this production	is comminate	d with that	t from one		so or nool			hoa				
COMPLETION I		u with that	. Hom any	Other leas	se or poor,	give commi	ugiing order	number:				
		letion /		l Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	v. Diff. Res'v.	
Designate Ty	he or comb					1	1	<u> </u>	1		1	
Date Spudded		Date	Compl. Re	ady to Prod	i.	Total Depti	n		P.B.T.D.			
Elevations (DF, RF	D DT CC		of P 1	ing Formati	ion	To- 00 (C	re Dev		Tubic - D			
Lievations (DF, RF	.р, п.г, БК, et	rc.) Name	, or Produc	my rormati	1011	Top Oil/Go	re hah		Tubing Depth			
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						1			<u> </u>			
TEST DATA AN	D REQUES	T FOR A	LLOWAB			after recovery epth or be for			and must be equ	al to or exc	ceed top allow-	
OIL WELL Date First New Oil	Run To Tanks	5 Date	of Test	407	o jor sissa Gi		Method (Flow,		ft, etc.)			
							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		• •			
Length of Test		Tubi	ng Pressure	•		Casing Pre	ssure	-	Choke Size			
Actual Prod. During	Actual Prod. During Test Oi		Oil-Bbis.			Water - Bbls	Water - Bbls.			Gas-MCF		
GAS WELL							·····					
Actual Prod. Test-	MCF/D	Leng	th of Test			Bbls. Cond	ensate/MMCF		Gravity of Co	ndensate		
Transfer Land	ha bash == 1		- P:	-/		C=-1 5	del	451	Ohelin Ci			
Testing Method (pi	tot, back pr.)	Tubir	ng Pressure	• (Shut-in	,	Casing Pre	ssure (Shut-	10)	Choke Size			
						1	<u> </u>					
I. CERTIFICATE	OF COMPLI	IANCE					OIL C	ONSERVA	ATION COM	MISSION		
				- - -		APPRO	VED	_	•	<u> </u>	9	
I hereby certify the Commission have	been compli	ed with a	nd that th	ne informat	tion given	7	7 - 0		1	7.		
above is true and	complete to	the best	of my kn	owledge a	nd belief.	BY	The state of the s		MAN	7 _		
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VI.

(SIGNED) H. E. A.

(Signature)

District Superintendent

(Title) December 21, 1966

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.