NO. OF COPIES REC	EIVED	İ	
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

	DISTRIBUTION	NEW MEXICO OIL C	ONSERVATION COMMISSION	Form C-104		
	SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-110		
	FILE		AND U.C.	Effective 1-1-65		
	U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL	GAS		
	LAND OFFICE		4FR 20 3 21 FM '67	<i>5.</i> 13		
	OIL		11 23 0 22 111 07			
	TRANSPORTER GAS					
	OPERATOR	-				
1.	Operator					
	Ope. 4.6.	6.6 0.17				
		Skelly Off Compa	iny			
	Address	_				
		P.G. Box 730, Ho				
	Reason(s) for filing (Check proper bo	ox)	Other (Please explain)	44.45 74.40		
New Well Change in Transporter of: Dedicated to Skelly Penrose "A						
	Recompletion	Oil Dry Ga	Effective May	1, 1967		
	Change in Ownershi n	Casinghead Gas Conder				
	If change of ownership give name	Samedon 0 1 C	Corporation - Permerly	Bushes "3-2" No. 9		
	and address of previous owner			mugnes 9-2 80/ 7		
		and Midland Torr				
11.	DESCRIPTION OF WELL AND Legse Name	Veil No. Pool Name, Including F	crmation Kind of Lea	ise Lease No.		
				ral or Fee Federal		
	Skelly Penrosa "A" Un:	t 58 Langlie Mattix	Penrose Sand			
	Location					
	Unit Letter ;;6	60 Feet From The South Lin	ne and Feet From	n The Rost		
			1000			
	Line of Section T	ownship 235 Range 37	7E , NMPM, Lea	County		
111	DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL GA	AS			
111.	Name of Authorized Transporter of C	or Condensate	Address (Give address to which app	roved copy of this form is to be sent)		
			P.C. Box 1910, Midlan			
	Shell Pipe Line Corpor	asinghead Gas X or Dry Gas		roved copy of this form is to be sent)		
		desinghed Gds []	· · · · · · · · · · · · · · · · · · ·	• • •		
	Skelly 0.1 Company		P.O. Box 1135, Eunice			
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	Vhen		
	give location of tanks.	L 10 235 37E	Yes	?		
	The triangular is committed to	with that from any other lease or peol,	give commingling order number:			
	COMPLETION DATA	viii that hom any omer reads again any				
• • •		Cil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.		
	Designate Type of Complet	$x_{ion} = (X)$				
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	Date Spaces					
	Electric (DE DVD DE CD	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	100 011/ 345 1 47			
			1	Depth Casing Shoe		
	Perforations			Depth Cusing Shoe		
TUBING, CASING, AND CEMENTING RECORD						
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
				:		
	<u></u>		<u> </u>			
V.	TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a	ifter recovery of total volume of load o epth or be for full 24 hours)	il and must be equal to or exceed top allow-		
	OIL WELL	Date of Test	Producing Method (Flow, pump, gas	lift etc.)		
	Date First New Oil Run To Tanks	Date of lest	Producing Method (1 tow) pempi ger	,,,,		
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
	Actual Prod. During Test	Oil-Bbis.	Water - Bbls.	Gas-MCF		
				_		
	CAC WELL					
	GAS WELL	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
	Actual Prod. Test-MCF/D	Tandur of Teer				
			(2) (2) (2) (3)	Chaha Sina		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
VI	CERTIFICATE OF COMPLIA	NCE	OIL CONSERV	ATION COMMISSION		
VI. CERTIFICATE OF COMPLIANCE			YAM	CHAY THE T		
		41	APPROVED	APPROVED , 19, 19		
	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.		BY			
			TITLE			
			!!			

(Signature) District Superintendent

(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.