DISTRIBUTION  SANTA FE  FILE  U.S.G.S.  LAND OFFICE  IRANSPORTER  GAS  OPERATOR  PRORATION OFFICE  Operator  Skelly Oil Con  Address  Box 730 - Bob  Reason(s) for filing (Check proper bos  New Well  Recompletion	-+	SANTA FE  FILE  U.S.G.S.  LAND OFFICE  IRANSPORTER  GAS
FILE U.S.G.S. LAND OFFICE IRANSPORTER OIL GAS OPERATOR I. PRORATION OFFICE Operator Skelly Oil Cor Address  Box 730 - Bob Reason(s) for filing (Check proper box New Well	-+	FILE U.S.G.S. LAND OFFICE IRANSPORTER GAS
U.S.G.S.  LAND OFFICE  IRANSPORTER OIL  GAS  OPERATOR  PRORATION OFFICE  Operator  Skelly Oil Con  Address  Box 730 - Bob  Reason(s) for filing (Check proper box  New Well	-+	U.S.G.S.  LAND OFFICE  IRANSPORTER OIL  GAS
LAND OFFICE  IRANSPORTER  GAS  OPERATOR  PRORATION OFFICE  Operator  Skelly Oil Cor  Address  Box 730 - Bob  Reason(s) for filing (Check proper box  New Well	-+	LAND OFFICE  IRANSPORTER OIL  GAS
IRANSPORTER OIL GAS  OPERATOR  PRORATION OFFICE Operator  Skally Oil Cor Address  Box 730 - Bob Reason(s) for filing (Check proper box New Well	-+	IRANSPORTER GAS
OPERATOR  I. PRORATION OFFICE Operator  Skelly Oil Cor Address  Box 730 - Bob Reason(s) for filing (Check proper box New Well	-+	IRANSPORTER GAS
GAS OPERATOR PRORATION OFFICE Operator Skelly Oil Con Address Box 730 - Bob Reason(s) for filing (Check proper box New Well	s	GAS
PRORATION OFFICE Operator Skelly Oil Con Address Box 730 - Bob Reason(s) for filing (Check proper box New Well		
Skelly Oil Con Address  Box 730 - Rob  Reason(s) for filing (Check proper box New Well		OPERATOR
Address  Box 730 - Rob  Reason(s) for filing (Check proper box  New Well		PRORATION OFFICE
Reason(s) for filing (Check proper box		Operator
Reason(s) for filing (Check proper box	Oil Comp	Skelly
Reason(s) for filing (Check proper box		Address
New Well		
	k proper box)	Reason(s) for filing (Check
Recompletion		New Well
		Recompletion
Change in Ownership		Change in Ownership
If change of ownership give name	rive name	
and address of previous owner		and address of previous of

District Superintendent (Title)

May 9, 1967
(Date)

SANTA FE		CONSERVATION COMMISSION	Form C-104 Supersedes Old C-104 and C-11
FILE	H KEQUES!	FOR ALLOWABLE	Effective 1-1-65
U.S.G.S.	AUTHORIZATION TO TO	AND	0.45
LAND OFFICE	- AUTHORIZATION TO TRA	INSPORT OIL AND NATURAL	GAS
OIL	-		
TRANSPORTER	-		
GAS	-		
OPERATOR			
I. PRORATION OFFICE	_L		<del></del>
Operator			
Skelly Oil Co	mpany		
Address			
	bs, New Mexico		
Reason(s) for filing (Check proper box		Other (Piease explain)	
New Well	Change in Transporter of:	Formerly a gas	well now classified
Recompletion	Oil Z Dry Ga	is 💹 as an oil well.	
Change in Ownership	Casinghead Gas Conder	nsate	
If change of ownership give name			
and address of previous owner			
II. DESCRIPTION OF WELL AND	LEASE		
Lease Name	Well No.   Pool Name, Including F	ormation Kind of Le	ase Lease No.
Skelly Penrose "B" Un	it 42 Langlie Matti	State, Fede	eral or Fee Fee
Location	16 48 844814 1444		
D 66	0		West
Unit Letter D ; 66	Feet From The <b>North</b> Lin	te and DDU feet From	mine
	. 034	279	Lea County
Line of Section 9 To	wnship 238 Range	37 <b>E</b> , derest,	Lea County
		_	
II. DESIGNATION OF TRANSPOR		AS	roved copy of this form is to be sent)
Name of Authorized Transporter of Oi	l 🐼 or Condensate 🗔		
Shell Pipe Line Corpor	ation	Box 1910, Midland, Te	exas
Name of Authorized Transporter of Co	isinghead Gas 📆 — or Dry Gas 📋	Address (Give address to which app	roved copy of this form is to be sent)
Skelly Oil Company		Box 1135 - Eunice, No	
If well produces oil or liquids, Unit Sec. Twp.		Is gas actually connected?	When
give location of tanks.	K 5 238 37E	Yes	?
If this and until a committed w	ith that from any other lease or pool,	give commingling order number:	
IV. COMPLETION DATA	ith that from any other reads or poor,		
	Oil Well Gas Well	New Well Workover Deepen	Flug Back   Same Resty, Diff. Resty
Designate Type of Completi	on - (X)		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Cil/Gas Pay	Tubing Depth
Distributions of , Kith, Kit, OK, etc.)			
Perforations			Depth Casing Shoe
Periordions			
	TURING CASING AND	D CENENTING BECORD	
	<del></del>	D CEMENTING RECORD	SACKS CEMENT
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
-			
	 	<u> </u>	
V. TEST DATA AND REQUEST F	FOR ALLOWABLE (Test must be a	ifter recovery of total volume of load o	oil and must be equal to or exceed top allow
OIL WELL	able for this de	epth or be for full 24 hours)	
Date First New Cil 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
Actual Proof During Foot			
0.40 1175			
GAS WELL	Langth of Tool	Bbls, Condenscte/MMCF	Gravity of Condensate
Actual Prod. Test-MSF/D	Length of Test	Data Condensator Mino.	
		Casing Pressure (Shut-in)	Choke Size
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure ( Snut-in )	Choke Size
VI. CERTIFICATE OF COMPLIAN	NCE	OIL CONSER	VATION COMMISSION
I haraby cartify that the rules and	regulations of the Oil Conservation	APPROVED	, 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	
		1 +1+1 =	
ı			n compliance with RULE 1104.
1	y y so it takes	Tracing a sequent for all	lowable for a newly drilled or deepened
	nature)	well, this form must be accome tests taken on the well in ac	manied by a tabulation of the deviation
		tests taken on the well in ac	COMMENCE WITH MULE 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.