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

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65

					AND					
	U.S.G.S.		AUTHOR	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS JUL 17 2 25 PM '65						
	LAND OFFICE						JUL 17	2 25 Pl	4 '65	
	* D 4 110 D 0 D 7 E D	OIL							. 00	
	TRANSPORTER	GAS								
	OPERATOR	•								
		165								
Ι.,	Operator	ICE		···	 	-				
		1y 011 C	ompany							
	Address	730 - Ho	bbs, New Mexi	ice						
	DOX	יוו ייי טכיי	200, 1100 1202							
	Reason(s) for filing (Check proper	box)			Other (Please	explain)	33 5	#14#	11-4
	New Well		Change in 7	Transporter of:		Dedicate	ed to Ske	lly Penr	OE# "B"	onre
	Recompletion		Oil	□ ⊃rv	Gas	effecti	ve July I	., 1965		
	Change in Ownership	XX	Casinghead		densate					
,	Change in Ownership								•	
	If change of ownersh	nin give namı								
	and address of previ		OK.	elly Oil Com		formerly	Harri son	"R. MeTT	L HO. 12	
	-		Ho	bbs, New Max	dee					
II.	DESCRIPTION OF	F WELL AN	D LEASE	-						
	Lease Name			Well No. Pool	Name, Includir	ng Formation	romana tid	Kind of Lea	se	
	Skelly Penro	ose "B" U	nit 💮	60 La	ugije war	tix - Pe	nross ou	State, Feder	al or Fee	Pee
	Location				•			1		
			S60 Feet From	South		660		Yei	nt.	
	Unit Letter	<u>. </u>	Feet From	The South	Line and		_ Feet From '	The		
		_	00 0		37-E			Les	.	
	Line of Section	9 ,	Township 23-S	Range) (=E	, NMPM,				County
	-									
III.	DESIGNATION OF	TRANSPO	RTER_OF OIL A	ND NATURAL	GAS					
	Name of Authorized T	Transporter of	Oil or Con	idensate	Address (Give oddress 4	o suhich appro	ved copy of thi	is form is to b	e sent)
	Shell Pipe	Line Cory	poration		Pox.	Taro - va	aland _e I	672/3		
	Name of Authorized T			or Dry Gas	Address (Cine address to	o which appear	ued conv of the	is form is to h	e cent)
			Casingneda Gas	or Dry Gds	Box	Give address to	mico. Ne	w Mext o	9	ie senij
	Skelly Oil	Couberta								
	If well produces oil o	r liquids.	Unit Sec.	Twp. P.ge.	Is gas act	ually connecte	d? Wh	en		
	give location of tanks		1 X 1 9	23-S 37-	-E	7.69	1	7		
							• -			
	If this production is		with that from any	other lease or poo	ol, give comm	ingling order	number:			
IV.	COMPLETION DA	TA	011	Well Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'y.	Diff. Res'v.
	Designate Type	e of Comple		das well	11011 11011	HOLKOVCI		1 149 2401		!
			(,	<u> </u>		1	<u> </u>	+	, L	<u>i</u>
	Date Spudded		Date Compl. Red	ady to Prod.	Total Dep	th		P.B.T.D.		
			Date Compl. Red	ady to Prod.	Total Dep	th		P.B.1.D.		
			Date Compl. Red		Total Dep			Tubing Dept	:h	
	Date Spudded	1							:h	
	Date Spudded							Tubing Dept		
	Date Spudded									
	Date Spudded		Name of Produc	ing Formation	Top Oil/G	Gas Pay		Tubing Dept		
	Date Spudded		Name of Produc		Top Oil/G	Gas Pay		Tubing Dept	g Shoe	
	Date Spudded	SIZE	Name of Product	ing Formation	Top Oil/G	Gas Pay		Tubing Dept		NT
	Date Spudded Pool Perforations	SIZE	Name of Product	ing Formation	Top Oil/G	Gas Pay		Tubing Dept	g Shoe	NT
	Date Spudded Pool Perforations	SIZE	Name of Product	ing Formation	Top Oil/G	Gas Pay		Tubing Dept	g Shoe	NT
	Date Spudded Pool Perforations	SIZE	Name of Product	ing Formation	Top Oil/G	Gas Pay		Tubing Dept	g Shoe	NT
	Date Spudded Pool Perforations	SIZE	Name of Product	ing Formation	Top Oil/G	Gas Pay		Tubing Dept	g Shoe	NT
	Date Spudded Pool Perforations HOLE S		TU CASING 8	IBING, CASING, A	Top Oil/G	Gas Pay ING RECORI DEPTH SE	Т	Tubing Dept Depth Casin	cks ceme	
V.	Date Spudded Pool Perforations HOLE S		TU CASING 8	IBING, CASING, A TUBING SIZE LE (Test must b	Top Oil/G	Gas Pay TING RECORI DEPTH SE	T ne of load oil	Tubing Dept Depth Casin	cks ceme	
V.	Date Spudded Pool Perforations HOLE S TEST DATA AND OIL WELL	REQUEST	TU CASING 8	IBING, CASING, A TUBING SIZE LE (Test must b	Top Oil/G	TING RECORI DEPTH SE y of total volum r full 24 hours,	ne of load oil	Tubing Dept Depth Casin SA	cks ceme	
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v.	Date Spudded Pool Perforations HOLE S TEST DATA AND OIL WELL Date First New Oil R	REQUEST	TU CASING 6 FOR ALLOWAB	IBING, CASING, A A TUBING SIZE LE (Test must b able for this	ND CEMENT e after recovery depth or be for producing	ING RECORI DEPTH SE y of total volum r full 24 hours, Method (Flow,	ne of load oil	Tubing Depth Depth Casin SA and must be ea	cks ceme	
v.	Date Spudded Pool Perforations HOLE S TEST DATA AND OIL WELL	REQUEST	TU CASING 8	IBING, CASING, A A TUBING SIZE LE (Test must b able for this	Top Oil/G	ING RECORI DEPTH SE y of total volum r full 24 hours, Method (Flow,	ne of load oil	Tubing Dept Depth Casin SA	cks ceme	
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v .	Date Spudded Pool Perforations HOLE S TEST DATA AND OIL WELL Date First New Oil R Length of Test Actual Prod. During S	REQUEST Iun To Tanks	TU CASING & FOR ALLOWAB Date of Test Tubing Pressure Oil-Bbls.	IBING, CASING, A A TUBING SIZE LE (Test must b able for this	Top O:1/G ND CEMENT e after recover depth or be for producing Casing Pr Water - Bb	ING RECORI DEPTH SE y of total volum r full 24 hours, Method (Flow,	ne of load oil) , pump, gas li	Tubing Depth Depth Casin SA and must be easily to be a continuous to be easily to be a continuous to be a	CKS CEME	
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v.	Date Spudded Pool Perforations HOLE S TEST DATA AND OIL WELL Date First New Oil R Length of Test Actual Prod. During S	O REQUEST	TU CASING & FOR ALLOWAB Date of Test Tubing Pressure Oil-Bbls.	IBING, CASING, A TUBING SIZE LE (Test must b able for this	Top O:1/G ND CEMENT e after recover depth or be for producing Casing Pr Water - Bb	ING RECORI DEPTH SE y of total volum r full 24 hours, Method (Flow,	ne of load oil) , pump, gas li	Tubing Depth Depth Casin SA and must be easily to be a continuous to be easily to be a continuous to be a	CKS CEME	
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VI

Dist. 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 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.