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IRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

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## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE C. O. C.

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

FILE		AND		
U.S.G.S.	AUTHORIZATION TO TRA	INSPORT OIL AND NATURAL (	GAS	
LAND OFFICE		NSPORT OIL AND NATORAL O		
TRANSPORTER OIL		Mr. e		
GAS				
OPERATOR				
PRORATION OFFICE				
Operator	Skelly Oil Compa	nny		
Address	P.O. Box 730, Ho	obbs, New Mexico		
Reason(s) for filing (Check proper box)		Other (Please explain) Ske	lly Penrose "A" Unit	
New Well	Change in Transporter of:	Effective May 1,	1947	
Recompletion	Oil Dry Ga		1 1 3 0 7	
Change in Ownership	Casinghead Gas Conder Samedan 0.1 C			
If change of ownership give name and address of previous owner			Bughes "A-2" No. 4	
DESCRIPTION OF WELL AND I	EASE Well No. Pool Name, Including F		se Lease No	
Skelly Penrose "A" Unit	Langlie Hattix		rederal "	
Location				
Unit Letter;136	Feet From The Lin	ne and Feet From	The Rest	
Line of Section 10 Tow	nship Range	7E Lea	County	
		s MOTE: Well Shut I		
DESIGNATION OF TRANSPORT	or Condensate			
Name of Authorized Transporter of Oil Shell Pipe Line Corpora		Address (Give address to which appr P.O. Box 1910, Midland		
Name of Authorized Transporter of Cas Skelly 0.1 Company	inghead Gas or Dry Gas	Address (Give address to which appr P.O. Box 1135, Eunice	, new mexico	
If well produces oil or liquids, give location of tanks.	Unit Sec. 235 37E	Is gas actually connected? W	<sup>hen</sup> ?	
If this production is commingled wit		give commingling order number:		
. COMPLETION DATA			D. 1.	
	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res	
Designate Type of Completio	n – (A)			
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
Elevations (DF, RAD, R1, GR, etc.)	Traine or Frederick			
Perforations			Depth Casing Shoe	
	TURING CASING AN	D CEMENTING RECORD		
	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
HOLE SIZE	CASING & TOBING SIZE			
		<u> </u>		
. TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a able for this d	lepth or be for full 24 hours)	il and must be equal to or exceed top all	
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)	
		Contra Processing	Choke Size	
Length of Test	Tubing Pressure	Casing Pressure Choke Size		
Actual Prod. During Test	MI-Bbls. Water-Bbls.		Gas - MCF	
	<u></u>			
GAS WELL	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
Actual Prod. Test-MCF/D	Feudin of Lear			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
CONTROL AND OF COMPLIAN		OIL CONSER\	ATION COMMISSION	
I. CERTIFICATE OF COMPLIAN	CL	MAY	1967	
and the second s	regulations of the Oil Conservation	APPROVED	, 19	
			e e g <b>ir</b> an i	
shove is true and complete to the	e best of my knowledge and belief.	BY	Y Y	

TITLE .

1) 5 Hellen	
District Superintendent	

(Title)

May 1, 1967

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.