

DISTRIBUTION
 ANTA FE
 ILE
 S.G.S.
 AND OFFICE
 TRANSPORTER
 OIL
 GAS
 OPERATOR
 PRORATION OFFICE

NEW MEXICO OIL CONSERVATION COMMISSION
 REQUEST FOR ALLOWABLE
 AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

I.

Operator
 Skelly Oil Company
 Address
 P. O. Box 1351, Midland, Texas 79701
 Reason(s) for filing (Check proper box)
 New Well ☐ Change in Transporter of:
 Recompletion ☐ Oil ☐ Dry Gas ☐
 Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐
 Other (Please explain) Formerly: Gulf Oil Co. - U.S., C. E. LaMunyon Well No. 18.
 Effective date of unitization 2-1-74

If change of ownership give name and address of previous owner Gulf Oil Company - U.S., P. O. Box 1150, Midland, Texas 79701

II. DESCRIPTION OF WELL AND LEASE

Lease Name Myers Langlie-Mattix Unit Well No. 3 Pool Name, Including Formation Langlie
 Kind of Lease State, Federal or Fee Federal Lease No. LC030187
 Location
 Unit Letter C ; 660 Feet From The North Line and 1980 Feet From The West
 Line of Section 29 Township 23S Range 37E , NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐
 Texas-New Mexico Pipeline Company Address (Give address to which approved copy of this form is to be sent)
 P. O. Box 1510, Midland, Texas 79701
 Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐
 El Paso Natural Gas Company Address (Give address to which approved copy of this form is to be sent)
 P. O. Box 1492, El Paso, Texas 79999
 If well produces oil or liquids, give location of tanks. Unit E Sec. 29 Twp. 23S Rge. 37E Is gas actually connected? Yes When

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (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 Oil/Gas Pay Tubing Depth
 Perforations Depth Casing Shoe
 TUBING, CASING, AND CEMENTING RECORD
 HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil 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

GAS WELL

Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate
 Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size

VI. CERTIFICATE OF COMPLIANCE

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.

(SIGNED) LELAND FRANZ

(Signature) Leland Franz

District Production Manager

(Title)

February 20, 1974

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19 _____

BY _____

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 multiple completed wells.