	INTAFE		FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-1
	ILE S.G.S.		AND AND A HEAL O	Effective 1-1-65
	AND OFFICE	_ AL ORIZATION TO TRA	ANSPORT OIL AND 1 URAL ()AS
	TRANSPORTER OIL			
	GAS			
	PRORATION OFFICE	1		
•.	Operator			
	Skelly Oil Company	У		
		idland, Texas 79701		
	Reason(s) for filing (Check proper box		Other (Please explain) Fo	rmerly: Texas Pacific
	New Well	Change in Transporter of: Oil Dry Go	Oil Company, Bl	inebry "A", Well No. 10
	Recompletion Change in Ownership X	Casinghead Gas Conder		f unitization 2-1-74
	If change of ownership give name and address of previous owner	Texas Pacific Oil Compa	any, P. O. Box 1069, Hob	bs, New Mexico 88240
II	DESCRIPTION OF WELL AND	I FASF		
	Lease Name	Well No. Pool Name, Including F	raughtre i	Coase ive.
	Myers Langlie-Mattix Un	nit 7 Mattix Seven R	ivers Queen State, Federa	Federal LC060825
	1 -	O Feet From The North Lin	ne and 1980 Feet From 1	The West
	Unit Letter C; 33	Feet From The	reet From	ine
•	Line of Section 30 To	wnship 235 Range	37E , NMPM, Lea	County
111	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	AS /	
***.	Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)			
	Texas-New Mexico Pipeline Company		P. O. Box 1510, Midland, Texas 79701 Address (Give address to which approved copy of this form is to be sent)	
	Name of Authorized Transporter of Casinghead Gas X or Dry Gas El Paso Natural Gas Company		P. O. Box 1492, El Paso, Texas 79999	
	If well produces oil or liquids, Unit Sec. Twp. Rge.		Is gas actually connected? When	
	give location of tanks.	D 30 23S 37E	Yes	5-6-61
		th that from any other lease or pool,	give commingling order number:	
IV.	COMPLETION DATA	Cil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
	Designate Type of Completic			
	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
			1	
v.	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow able for this depth or be for full 24 hours)			
	OII. WEII. 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-Bbis.	Water-Bbls.	Gas-MCF
	Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
		an a	OU CONSERVA	TION COMMISSION
VI.	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION FEB 8 1974	
	I hereby certify that the rules and regulations of the Oil Conservation		APPROVED, 19	
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		BY Orig. Signed by Joe D. Remeyr TITLE Disc. I, Supv.	
			TITLE	Joe D. Remey
			This form is to be filed in compliance with RULE 1104.	
			If this to a request for allow	while for a newly drilled or deepened
	(Signature) Leland Franz		Il wall this form must be accoming	nied by a tabulation of the deviation
	District Production Manager		tests taken on the well in accordance 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.	
	(Title)			
	February 4, 1974			
			Separate Forms C-104 must	t be filed for each pool in multiply