| | DISTRIBUTION NTA FE ILE S.G.S. AND OFFICE IRANSPORTER OPERATOR PRORATION OFFICE | REQUEST | ONSERVATION COMMISSION FOR ALLOWABLE AND NSPORT OIL AND NATURAL | Form C-104 Supersedes Old C-104 and G- Effective 1-1-65 GAS |
|-------------|--|--|--|---|
| | Skelly Oil Company | | | |
| | Address P. O. Box 1351, Midland, Texas 79701 | | | |
| | P. U. BOX 1);1, ML Reason(s) for filing (Check proper box) New Well Hecompletion Change in Ownership X | | • 🔲 Oil Company, | ormerly: Texas Pacific Blinebry "A", Well No. 5 of unitization 2-1-74 |
| | If change of ownership give name and address of previous owner | Texas Pacific Oil Compa | ny, P. O. Box 1069, Hol | bbs, New Mexico 88240 |
| II . | DESCRIPTION OF WELL AND I | LEASE | | • |
| | Lease Name Myers Langlie-Mattix Un Location | Well No. Pool Name, Including Fo | Langitto | 20000 |
| | Unit Letter <u>A</u> ; 66 | 0 Feet From The North Line | e and <u>660</u> Feet From | The East |
| - | Line of Section 30 Tow | mship 23S Pange | 37E , NMPM, Lea | County |
| III. | DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Name of Authorized Transporter of Oil or Condensate Texas-New Mexico Pipeline Company P. O. Box 1510, Midland, Texas 79701 | | | |
| | Name of Authorized Transporter of Casinghead Gas A or Dry Gas E 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, | Unit Sec. Twp. Ege. H 30 23S 37E | | hen |
| | give location of tanks. If this production is commingled wit: | La construction de la construcción de la construcci | 1 | , |
| | COMPLETION DATA | Oil Well Gas Well | New Well Workover Deepen | Plug Back Same Res'v. Diff. Rest |
| | Designate Type of Completio | n = (X) Date Compl. Ready to Prod. | Total Depth | P.B.T.D. |
| | | | | Tubles Death |
| | Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth |
| | Perforations Depth Casing Shoe | | | Depth Casing Shoe |
| | | TUBING, CASING, AND CASING & TUBING SIZE | CEMENTING RECORD | SACKS CEMENT |
| | | | | |
| | | · · · · · · · · · · · · · · · · · · · | | |
| | TEST DATA AND REQUEST FO | DRALLOWARLE (Test must be at | iter recovery of total volume of load oi | and must be equal to or exceed top allow |
| ¥ . | OIL WELL able 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.) | | | |
| | | | Casing Pressure | Choke Size |
| | Length of Test | Tubing Pressure | Cristing biessine | |
| | Actual Prod. During Test | 011 - Bbis. | Water-Bbis. | 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 | | | ATION COMMISSION |
| | 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. | | APPROVED | <u> </u> |
| | | | APPROVED 19 Orig. Signal by BY Joe D. Remai | |
| | | | TITLE Dist. I, Supv. | |
| | | | This form is to be filed in compliance with RULE 1104. | |
| | (Signature) Leland Franz | | If this is a request for allowable for a newly drilled or deepene well, this form must be accompanied by a tabulation of the deviatio tests taken on the well in accordance with MULE 111. | |
| | District Production Manager (Tule) | | All sections of this form must be filled out completely for sllow sble on new and recompleted wells. | |
| | February 4, 1974 | | 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 | |
| | (Date) | | Separate Forms C-104 mu | st be filed for each pool in multipl |