## Obligation, on NEW MEXICO OIL CONSTRVATION COMMISSION Form C-104 INTAFE REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-1 iLE Effective 1-1-65 AND S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS AND OFFICE OIL FRANSPORTER GAS OPERATOR PRORATION OFFICE Operator Skelly Oil Company P. O. Box 1351, Midland, Texas 79701 Other (Please explain) Formerly: Albert Gackle Reason(s) for filing (Check proper box) Change in Transporter of: Cowden C Well No. 3 Recompletion Oil Dry Gas Effective date of unitization 2-1-74 Change in Ownership Castnghead Gas Condensate If change of ownership give name Albert Gackle, P. O. Box 2038, Hobbs, New Mexico and address of previous owner $\underline{\hspace{1cm}}$ 88240 II. DESCRIPTION OF WELL AND LEASE | Well No. | Pool Name, Including Formation | Langlie | Cheen | Lease No. 72 State, Federal or Fee Federal 032545 Myers Langlie-Mattix Unit Mattix Seven Rivers Queen Location 1980 Feet From The North Line and 1980 Unit Letter Feet From The West 23S 37E Lea Line of Section Township Range , NMPM, County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil [X Address (Give address to which approved copy of this form is to be sent) Texas-New Mexico Pipe Line 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 💢 or Dry Gas P. O. <u>Box 1492</u>, El Paso, Texas El Paso Natural Gas Company Rge. When Sec. Twp. If well produces oil or liquids, give location of tanks. Unit is gas actually connected? D 31 23S 37E Yes If this production is commingled with that from any other lease or pool, give commingling order numbers IV. COMPLETION DATA Oil Well Workover Gas Well New Well Deepen Plug Back Same Res'v. Diff. Res'v Designate Type of Completion - (X) Total Depth Date Compl. Ready to Frod. P.B.T.D. Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth Depth Casing Shoe Perforations TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT HOLE SIZE CASING & TUBING SIZE DEPTH SET (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) V. TEST DATA AND REQUEST FOR ALLOWABLE Date of Test Date First New Oil Run To Tanks Producing Method (Flow, pump, gas lift, etc.) Choke Size Tubing Pressure Casing Pressure Length of Test Water - Bbls. Ggs - MCF Oll-Bhis. Actual Prod. During Test **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) Cosing Pressure (Shut-in) Choke Size OIL CONSERVATION COMMISSION

## 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.

> (SAMPIN DINALIO INLINI (Signature) Leland Franz

(Title)

February 1, 1974 (Date)

District Production Manager

APPROVED\_

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 allow able 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