

## REQUEST FOR ALLOWABLE

AND

## AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

|                  |     |  |
|------------------|-----|--|
| INTAKE           |     |  |
| FILE             |     |  |
| S.G.S.           |     |  |
| AND OFFICE       |     |  |
| TRANSPORTER      | OIL |  |
|                  | GAS |  |
| OPERATOR         |     |  |
| PRORATION OFFICE |     |  |

Operator

Skelly Oil Company

Address

P. O. Box 1351, Midland, Texas 79701

Reason(s) for filing (Check proper box)

New Well ☐Recompletion ☐Change in Ownership ☒

Change in Transporter of:

Oil ☐Casinghead Gas ☐Dry Gas ☐Condensate ☐

Other (Please explain)

Formerly: Texaco, Inc.

E. E. Blinebry "A" Federal NCT-1 Well

No. 1.

Effective date of unitization 2-1-74

If change of ownership give name  
and address of previous owner

Texaco, Inc., P. O. Box 728, Hobbs, New Mexico 88240

## II. DESCRIPTION OF WELL AND LEASE

|                           |              |                                      |                               |                    |
|---------------------------|--------------|--------------------------------------|-------------------------------|--------------------|
| Lease Name                | Well No.     | Pool Name, including Formation       | Kind of Lease                 | Lease No.          |
| Myers Langlie-Mattix Unit | 96           | Langlie<br>Mattix Seven Rivers Queen | State, Federal or Fee Federal | LC<br>032545 (A)   |
| Location                  |              |                                      |                               |                    |
| Unit Letter J             | 1979         | Feet From The South                  | Line and 1980                 | Feet From The East |
| Line of Section 31        | Township 23S | Range 37E                            | NMPM, Lea                     | County             |

## III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|  |  |
|--|--|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>         | 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                                     |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| El Paso Natural Gas Company  | P. O. Box 1492, El Paso, Texas 79999                                     |
| If well produces oil or liquids,<br>give location of tanks.  | Unit: K    Sec: 31    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)   | Oil Well                    | Gas Well | New Well        | Workover | Deepen            | Plug Back | Same Res'v. | Diff. Res'v. |
| 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.

(Signature) Merlin J. Ekman

District Engineer

(Title)

February 25, 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.