DISTRIBUTION NEW MEXICO OIL CONSERVATION COMM" Form C-104 ANTA FE REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-11 ILE Effective 1-1-65 AND J.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS AND OFFICE OIL IRANSPORTER GAS OPERATOR PRORATION OFFICE Skelly Oil Company P. O. Box 1351, Midland, Texas 79701 Reason(s) for filing (Check proper box) Other (Please explain) FORMERLY: Resler & Sheldon Change in Transporter of: Recompletion Fanning Well No. 1 Oil Dry Gas Change in Ownership Casinghead Gas Condensate Unitized 7-1-76 If change of ownership give name and address of previous owner ____ Resler & Sheldon, P. O. Box 2369, South Padre Island, Texas 78578 II. DESCRIPTION OF WELL AND LEASE Vell No. Pool Name, Including Formation Kind of Lease Myers Lenglis-Mattix Unit 79 Langlie-Mattix State, Federal or Fee Fee nouth. Location 990 West 2310 outh-Line and Unit Letter Feet From The Feet From The 238 33 37E Lea Line of Section Township Range , NMPM, III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil Texas-New Mexico Pipe Line Company P. O. Box 1510, Midland, Texas 79701 Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) Kl Paso Natural Gas Company P. O. Box 1492, El Paso, Texas 79910 Is gas actually connected? When Unit If well produces oil or liquids, 33 238 37E Yes give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order numbers IV. COMPLETION DATA Workover Oil Well Gas Well New Well Deepen Same Res'v. Diff. Res'v. Plug Back Designate Type of Completion - (X) Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.

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 allow-able for this depth or be for full 24 hours)

TUBING, CASING, AND CEMENTING RECORD

Top Oil/Gas Pay

DEPTH SET

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	
			<u> </u>	

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.

ISTONEDI	LELAND	FRANZ
Paris (Compa	TILITITITI	1 11 1 1 1 1 2 2

VI. CERTIFICATE OF COMPLIANCE

Elevations (DF, RKB, RT, GR, etc.)

HOLE SIZE

Perforations

Leland Franz

Name of Producing Formation

CASING & TUBING SIZE

(Signature)

District Production Manager

(Title)

July 19, 1976

(Date)

OIL CONSERVATION COMMISSION

Tubing Depth

Depth Casing Shoe

SACKS CEMENT

Lease No.

County

APPROVED_		, 19
BY	Orig Signed Ty	
- · <u></u>	Francy .	
TITLE	12	

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 multiply

CIL CONSTRUATION COMM.