ļ	INTA FE	REQUEST E	OR ALLOWABLE	Supersedes Old C+104 and C+7 Effective 1-1-65	
	ILE AND ENCORT FIGE AL IORIZATION TO TRANSPORT OIL AND I FURAL GAS IRANSPORTER OIL GAS				
1.	OPERATOR PROBATION OFFICE Coperator Skelly Oil Company				
	Address				
	P. O. Box 1351, Midland, Texas 79701         Reason(s) for filing (Check proper box)         New Well       Other (Please explain)       Formerly: Texas Pacific         Other (Please explain)       Formerly: Texas Pacific         Oil       Other (Please explain)       Formerly: Texas Pacific         Oil       Change in Transporter of:       Oil       Oil Company, Blinebry B, Well No. 5				
	Flecompletion     Oil     Dry Gas       Change In Ownership     Casinghead Gas     Condensate     Effective date of unitization 21-74				
	If change of ownership give name Texas Pacific Oil Company, P. O. Box 1069, Hobbs, New Mexico 88240 and address of previous owner				
П.		ease Name Well AND LEASE Lease No. Pool Name, Including Formation Langlie Kind of Lease Lease No.			
	Myers Langlie-Mattix Unit     83     Mattix Seven Rivers Queen     State, Federal or Fee Federal     LC060825       Location     E     1980     North     660     West				
	Unit Letter;;				
	Line of Section 34 Tov	vnship 23S Range	<u>37E , NMPM, Lea</u>	County	
111.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS         Name of Authorized Transporter of Cil A or Condensate         Texas-New Mexico Pipeline Company         Name of Authorized Transporter of Cil A or Condensate         P. O. Box 1510, Midland, Texas 79701         Name of Authorized Transporter of Casingnead Gas A or Dry Gas         Name of Authorized Transporter of Casingnead Gas A or Dry Gas         P. O. Box 1492, El Paso, Texas 79999				
	If read in the set of				
	give location of tanks.				
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'	
	Designate Type of Completion	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
		Name of Producing Formation	Top Cil/Gas Pay	Tubing Depth	
				Depth Casing Shoe	
	Perforations				
	HOLESIZE	TUBING, CASING, AN	D CEMENTING RECORD	SACKS CEMENT	
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 all: able for this depth or be for full 24 hours)         OIL WELL       Date First New Oil Fun To Tanks         Date First New Oil Fun To Tanks       Date of Test    Producing Method (Flow, pump, gas lift, etc.)				
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	Actual Pred. During Tent	Qii-BEis.	Water-Bbis.	Gas-MCF	
	GAS WELL Actual Prod. Test-MCF/D	Longth 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		OIL CONSERVATION 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, 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 deepen		
	(Signature) Leland Franz District Production Manager		If this is a request for allocation should by a tabulation of the deviation well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with MULE 111. All sections of this form must be filled out completely for allocable on now end recompleted wells. Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of conditi- Separate Forms C-104 must be filled for each pool in multi-		
	(Title)				
	February 1, 1974 (Dute)				