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SANTA FE				
FILE				
U.S.G.S.				
LAND OFFICE				
TRANSPORTER	OIL			
	GAS			
OPERATOR				
BRODATION OFFICE		1		

(Title)

(Date)

January 30, 1974

I.

DISTRIBUTION	1	NEW MEXICO OIL CONSERVATION COMMISSION Form C-104			
SANTA FE	REQUEST FOR ALLOWABLE Supersedes Old C-104 Effective 1-1-65			ind C-11	
FILE	-	AND		Filective 1-1-03	•
U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND I	NATURAL GAS		
LAND OFFICE	-				
TRANSPORTER GAS	-				
OPERATOR					
PRORATION OFFICE					
Operator Skelly Oil Com	pany				
Address					
	, Midland, Texas 79701				
Reason(s) for filing (Check proper box		Other (Please	explain)		
New Well	Change in Transporter of:				
Recompletion X Change in Ownership	Oil Dry Go Casinghead Gas Conde	· ==			
onange in Canaramp	Conde	nisdte			
If change of ownership give name and address of previous owner					
DESCRIPTION OF WELL AND Lease Name	Well No. Pool Name, Including F	ormation	Kind of Lease	Lea	se No.
Mexico "L"	1 Dollarhide Fus	selman	State, Federal or Fe		
Location					
Unit Letter 'A , 660	Feet From The North Lin	ne and660	Feet From The	East	
Line of Section 5 To	wnship 25S Range	38E , NMPM.	٠	T	
Line of Section 5 To	wnship 208 Range	JOE , NMPM,	. 1	Lea c	ounty
DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	IS			
Name of Authorized Transporter of Oil	**	Address (Give address t	o which approved cop	py of this form is to be sen	()
Texas-New Mexico Pipe Name of Authorized Transporter of Car		P. O. Box 1510			
El Paso Natural Gas C		P. O. Box 1492		py of this form is to be sen exas 79999	()
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connecte		exas /9999	
give location of tanks.	G 5 25S 38E	Yes	1-25-	-74	
If this production is commingled wi	th that from any other lease or pool,	give commingling order	number: CTB-	5/1	
COMPLETION DATA	Oil Well Gas Well	New Well Workover	7-		
Designate Type of Completic	on = (X) X	New Well Workover	1	Back 'Same Res'v. Diff.	
Date Spudded Plugging Back	Date Compl. Ready to Prod.	Total Depth	P.B.		
12-10-73	1-17-74	10360'		8549 '	
Elevations (DF, RKB, RT, GR, etc.) 3170 DF	Name of Producing Formation	Top Oil/Gas Pay	Tubi	ng Depth	
Perforations	Fusselman	8494	Dont	7944 Th Casing Shoe	
8494-8510'			Бери	10360'	
	TUBING, CASING, AND	CEMENTING RECOR	D 1		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SE	· · · · · · · · · · · · · · · · · · ·	SACKS CEMENT	
18"	13-3/8" Casing	304 '		300	$\neg \neg$
12-1/4"	9-5/8" Casing	3250'		2100	
7-7/8"	5-1/2" Casing	10360'		1613	
	2-7/8" Tubing	7944			
TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a)	fter recovery of total volume	ne of load oil and mu	st be equal to or exceed to	p allow-
OIL WELL Date First New Oil Run To Tanks	Date of Test	pth or be for full 24 hours, Producing Method (Flow))	
1-17-74	1-25-74	Pumping		- -	
Length of Test	Tubing Pressure	Casing Pressure	Chok	e Size	
24 Hours					
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas -	MCF	
	27	0		3.1	
GAS WELL					
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Grav	ity of Condensate	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-	in) Chok	e Size	
CERTIFICATE OF COMPLIANCE	DE .	01. 0	ONSERVATION	LOMMISSION	
Va O O MA MAMIN		OIL CONSERVATION COMMISSION			
hereby certify that the rules and r	egulations of the Oil Conservation	APPROVED		, 19	
mmission have been complied with and that the information given ove is true and complete to the best of my knowledge and belief.					
		TITLE	-		
	140	This form is to	be filed in complis	ance with RULE 1104.	mp
(Signa	ture) Leland Franz			or a newly drilled or dee y a tabulation of the dev	
District Production M	101011	tests taken on the w	ell in accordance	with RULE 111.	
		I Att mantions of t	his form much he f	illed out completely for	-11

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