| v  |   |   |   |
|--|---|---|---|
| NO. OF COPIES RECEIVED   | 7   | ÷.  |   |
| DISTRIBUTION   | NEW MEXICO OU   | CONSERVATION COMMITTEE  | <u> </u>                                    |
| SANTA FE   | NEW MEXICO OIL CONSERVATION COMMISSION Form C-104  REQUEST FOR ALLOWABLE  AND  AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS A 169 |   |   |
| FILE   |   |   |   |
| U.S.G.S.   | _ AUTHORIZATION TO TR   | ANSPORT OIL AND NATURA  | V GAS DU                                    |
| LAND OFFICE  |   |   | -5 $m$ $69$                                 |
| TRANSPORTER  | _   |   |   |
| GAS  | _   |   |   |
| OPERATOR DESCRIPTION OF THE PROPERTY OF THE PR | _   |   |   |
| PRORATION OFFICE Operator  |   |   |   |
| Skelly 011 Company   |   |   |   |
| Address  |   |   |   |
| P. O. Box 730 - Hobi   | os, New Mexico 88240  |   |   |
| Reason(s) for filing (Check proper bo  | x)  | Other (Please explain)  |   |
| New Well   | Change in Transporter of:   |   |   |
| Recompletion Change in Ownership   | Oil Dry Go  | <del></del>   |   |
| Clidinge in Ownership  | Casinghead Gas Conde  | nsate   |   |
| If change of ownership give name   |   |   |   |
| and address of previous owner  | 2/  | 1   |   |
| DESCRIPTION OF WELL AND  |   |   |   |
| Lease Name   | Well No. Pool Name, Including F   | risylvanian Gas Kind of L   |   |
| Mexico-Pet "P"   | 1 Underignated  | 2-3853 State, Fed   | deral or Fee Federal NM-04489               |
| Location   | •   | _   |   |
| Unit Letter <b>F</b> ; <b>19</b>   | Feet From The <b>North</b> Lin  | ne and 1980 Feet Fr   | om The West                                 |
|  | <b>06</b> 0 5   | 250   | 7   |
| Line of Section 21 To  | ownship <b>268</b> Range  | 35E , NMPM,   | Lea County                                  |
| DESIGNATION OF TRANSPOR  | TER OF OIL AND NATURAL GA   | 18  |   |
| Name of Authorized Transporter of O  |   |   | proved copy of this form is to be sent)     |
| Permian Corporation  |   | P. O. Box 3119 - Mid  | land Texas 79701                            |
| Name of Authorized Transporter of Casinghead Gas or Dry Gas XX   |   | Address (Give address to which approved copy of this form is to be sent)  |   |
| Natural Gas Pipeline Company of America  |   | P. O. Box 326 - Midland. Texas 79701  |   |
| If well produces oil or liquids,   | Unit Sec. Twp. Rge.   | Is gas actually connected?  | When  |
| give location of tanks.  | F 21 26E 35E  | Yes   | July 24, 1969                               |
| If this production is commingled w   | ith that from any other lease or pool,  | give commingling order number:  |   |
| COMPLETION DATA  | •   | _   |   |
| Designate Type of Complete   | on - (X)  | New Well Workover Deepen  | Plug Back   Same Resty. Diff. Rest          |
|  |   | X   |   |
| Date Spudded   | Date Compl. Ready to Prod.  | Total Depth   | P.B.T.D.                                    |
| January 27, 1968 Elevations (DF, RKB, RT, GR, etc.)  | February 10, 1969 Name of Producing Formation   | 22,926 <sup>†</sup> Top Oil/Gas Pay   | Tubing Depth                                |
| 3178' DF   | Atoka   | 15.565'   | 15.431*                                     |
| Perforations   | vature  | +7,707  | Depth Casing Shoe                           |
| 15,565 - 15,616'   |   |   | 18,605'                                     |
|  | TUBING, CASING, ANI   | D CEMENTING RECORD  |   |
| HOLE SIZE  | CASING & TUBING SIZE  | DEPTH SET   | SACKS CEMENT                                |
|  |   |   |   |
|  | SEE AT  | TACHMENT  |   |
|  |   |   |   |
|  |   | <u> </u>  |   |
| TEST DATA AND REQUEST F  | OR ALLOWABLE (Test must be a  | fter recovery of total volume of load epth or be for full 24 hours)   | oil and must be equal to or exceed top allo |
| OIL WELL Date First New Oil Run To Tanks   | Date of Test  | Producing Method (Flow, pump, ga.   | s lift. etc.)                               |
| Bato : Mat New On Han 10 1 and   | 2010 01 1000  | months (months)   | ,.,,  |
| 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                       |
| 16,166   | 24 hrs.   | 6.16  | 50.2  |
| Testing Method (pitot, back pr.)   | Tubing Pressure (Shut-in)   | Casing Pressure (Shut-in)   | Choke Size                                  |
| Back Pressure  | 9030  | Packer  | 14/64"                                      |
| CERTIFICATE OF COMPLIAN  | CE  | OIL CONSER  | VATION COMMESSION                           |
|  |   |   |   |
| 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 John W. Rimyon   |   |
|  |   | Geologisi   |   |
|  |   | TITLE   |   |
| (ORIGINAL) V. E. FLETCHER  |   | <b>!</b> I  | in compliance with RULE 1104.               |
|  |   | If this is a request for al   | lowable for a newly drilled or deepens      |
| (Signature)  |   | well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111. |   |
| District Production Manager (Title)  |   |   | must be filled out completely for allow     |
| { A  | ·····   | l able on new and recompleted   | West LE.                                    |

7/28/1969

(Date)

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 completed wells.