

DISTRIBUTION ON	
AMOUNT	
DATE	
BY	
AND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	

## NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE  
AND

## AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104

Supersedes Old C-104 and C-110

Effective 1-1-65

I.

Operator	Skelly Oil Company
Address	P. O. Box 1351, Midland, Texas 79701
Reason(s) for filing (check proper box)	Other (please explain)
New Well	<input type="checkbox"/> Producing through Whitten Separation
Recompletion	<input type="checkbox"/> Facility, Unit Letter P, Sec. 3-24S-
Change in Ownership	<input type="checkbox"/> 36E, Lea County

If change of ownership give name  
and address of previous owner.

## II. DESCRIPTION OF WELL AND LEASE

Lease Name	Jal Water System	6	Capitan Reef Water Zone	Kind of Lease	State, Federal or Fee	Fee	Lease No.
Location	Unit Letter	B	1313	North	1327	East	
Line of Section	4	24S	36E	Lea	County		

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

Name of Authorized Transporter or Owner	None	Address to which approved copy of this form is to be sent
Name of Authorized Transporter or Owner	El Paso Natural Gas Company	P.O. Box 1492, El Paso, Texas 79999
If well produces oil or gas, give location of tanks.	Water P 3 24S 36E Yes	When
		October 18, 1973

If this production is commingled with production from other lease or pool, give additional well or pool number:

## IV. COMPLETION DATA

Designate Type of Completion	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded				
Elevations (DF, RAB, RT, GH, etc.)				Testing Depth
Perforations				Depth Casing Shoe
TABLING, Casing, AND CEMENTING RECORD				
HOLE SIZE	CASING/TUBING SIZE	DEPT. SET	SACKS CEMENT	

## V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

Tests must be after recovery period; volume of load oil and must be equal to or exceed top allowable for this depth or be to full of hole.

Date First New Oil Run To Tanks	Date of Test	Pressure (psi) (Flow, pump, gas lift, etc.)
Length of Test	Fluid Produced	Choke Size
Actual Prod. During Test	Flow Rate	Gas-MCF

## GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Pressure (psi) (Flow, pump, gas lift, etc.)	Gravity of Condensate
Testing Method (pitot, back, etc.)	Fluid Produced (shut-in)	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.

J. R. Avent

District Administrative Coordinator

December 14, 1973

## 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 multiply completed wells.