

DISTRIBUTION		
SA	TA	FE
G.S.		
D OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

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-111
Effective 1-1-65

I. Operator **Skelly Oil Company**
Address **P. O. Box 1351, Midland, Texas 79701**
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter oil ☐
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain) _____
If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name **Ellen Sims "A"** Well No. **2** Pool Name, including formation **Langlie-Mattix** Kind of Lease **Fee** Lease No. _____
Location
Unit Letter **A** **990** Feet From The **North** **330** Feet From The **East**
Line of Section **3** Township **23S** Range **37E** , NMPM, **Lea** County _____

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐
The Permian Corporation Address (Give address to which approved copy of this form is to be sent)
P. O. Box 1183, Houston, Texas 77001
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐
Skelly Oil Company Address (Give address to which approved copy of this form is to be sent)
P. O. Box 2194, Pampa, Texas 79065
If well produces oil or liquids, give location of tanks. Unit **H** Sec. **3** Twp. **23S** Rge. **37E** Is gas actually connected? **Yes** When **2-3-74**

If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
Date Spudded 1-19-74	Date Compl. Ready to Prod. 1-31-74	Total Depth 3800'	P.B.T.D. 3734'					
Elevations (DF, RKB, RT, GR, etc.) 3313.9' KB	Name of Producing Formation Queen Sand	Prod. Oil/Gas Pay 3554'	Tubing Depth 3652'					
Perforations 3554-3604'			Depth Casing Shoe 3800'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 12-1/4"	CASING & TUBING SIZE 8-5/8" OD Casing	DEPTH SET 408'	SACKS CEMENT 150					
7-7/8"	5-1/2" OD Casing	3800'	1250					
	2-3/8" OD Tubing	3652'	-					

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 allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 1-31-74	Date of Test 2-3-74	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 Hours	Tubing Pressure 325#	Casing Pressure 650#	Choke Size 18/64"
Actual Prod. During Test	Oil - Bbls. 212	Water - Bbls. 0	Gas - MCF 230

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

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.

(Signature) **Leland Franz**
District Production Manager

2-5-74

(Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED

BY

TITLE

SUPERVISOR DISTRICT I

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.