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LAND 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-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)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Skelly Penrose "A" Unit	Well No. 64	Pool Name, Including Formation Langlie-Mattix Seven Rivers Queen	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter L ; 1380 Feet From The South Line and 30 Feet From The West 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 <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Shell Pipe Line Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2648, Houston, Texas 77001	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Skelly Oil Company	Address (Give address to which approved copy of this form is to be sent) Box 1650, Tulsa, Oklahoma 74102	
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 4
	Twp. 23S	Rge. 37E
	Is gas actually connected? Yes When 8-25-74	

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	X		X					
Date Spudded 7-16-74	Date Compl. Ready to Prod. 8-25-74		Total Depth 3725'		P.B.T.D. --			
Elevations (DF, RKB, RT, GR, etc.) 3289' GR	Name of Producing Formation Queen		Top Oil/Gas Pay 3494'		Tubing Depth 3391'			
Perforations 3495-3645'				Depth Casing Shoe				

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/2"	9-5/8" OD	508'	250 Class "C"
8-3/4"	7" OD	3011'	1900 Class "C"
6-1/8"	5" OD Liner	3725'	160 Class "C"
	2-3/8" OD Tubing	3391'	

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 8-25-74	Date of Test 8-27-74	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 Hours	Tubing Pressure 90#	Casing Pressure Packer	Choke Size 48/64
Actual Prod. During Test	Oil - Bbls. 241	Water - Bbls. 215 (Load)	Gas - MCF 206

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.

(SIGNED) **LELAND FRANZ** **Leland Franz**

District Production Manager

August 30, 1974

(Date)

OIL CONSERVATION COMMISSION
APPROVED _____, 19____
BY **J. L. Franz**
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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.