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U.S.G.S.

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

Jul 23 9 26 AM '65

I. NAME OF COMPANY

**Skelly Oil Company**

Address

**Box 730 - Hobbs, New Mexico**

Reason for filing (Check proper box)

Draw Well ☐ Storage in Transporter ☐

Transportation ☐ Oil ☐ Dry Gas ☐

Transportation ☐ Gashead Gas ☐ Condensate ☐

Other (Please explain)

**Change Pool designation from North Justis Tubb Drinkard to Justis Tubb Drinkard**

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

State "L"	Well No. 4	Pool Name, Including Formation Justis Tubb Drinkard	Kind of Lease State, Federal or Fee State
Section E	1655.4 Feet From The North	Line and 990	Feet From The West
Range 2	Township 25-S	Range 37-E	Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate	Address (Give address to which approved copy of this form is to be sent)					
<b>Texas - New Mexico Pipeline Company</b>	<b>Box 1510 - Midland, Texas</b>					
Name of Authorized Transporter of Gashead Gas or Dry Gas	Address (Give address to which approved copy of this form is to be sent)					
<b>El Paso Natural Gas Company</b>	<b>Box 1492 - El Paso, Texas</b>					
If well produces oil or liquid, give location of tank	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	F	2	25-S	37-E	Yes	6 - 6 -63

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 Resrv.	Diff. Resrv.
Date Compl. Ready to Prod.	Total Depth	F.R.T.D.						
Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth						
Depth Casing Shoe								
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					

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)

Initial Flow (or Run To Tanks)	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Location of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Location of Test (pilot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

VI. CERTIFICATE OF COMPLIANCE

OIL CONSERVATION COMMISSION

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 \_\_\_\_\_

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 Sections I, II, III, and VI only 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.

(ORIGINAL SIGNED) H. E. Aab

(Signature)

District Superintendent

(Title)

July 9, 1965

(Date)