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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 ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain) **Formerly an injection well. Converted to producing test well.**

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No., Pool Name, including Formation	Kind of Lease	Lease No.
W. Dollarhide Queen Sd. Ut. 19	Dollarhide Queen	State, Federal or Fee Federal	LC-06793
Location Unit Letter 0 ; 330 Feet From The South Line and 1650' Feet From The East Line of Section 30 Township 24S Range 38E , 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"/>	Address (Give address to which approved copy of this form is to be sent)					
Texas-New Mexico Pipe Line Company	P. O. Box 1510, Midland, Texas 79701					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Skelly Oil Company (Lease Use)	P. O. Box 1351, Midland, Texas 79701					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	L	32	24S	38E	Yes	4-1-73

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			X			X	
Date operation commenced 3-26-73	Date Compl. Ready to Prod. 3-30-73	Total Depth 3755'	P.B.T.D. 3720'					
Elevations (DF, RKB, RT, GR, etc.) 3152' DF	Name of Producing Formation Queen Sand	Top Oil/Gas Pay 3567'	Tubing Depth 3625'					
Perforations 3567-3700'	Depth Casing Shoe 3755'							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12-1/4"	9-5/8" casing	305'	250					
8-3/4"	7" casing	3755'	1340					
---	2-3/8" tubing	3625'	----					

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 3-28-73	Date of Test 4-1-73	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hours	Tubing Pressure ---	Casing Pressure ---	Choke Size ---
Actual Prod. During Test ---	Oil - Bbls. 19	Water - Bbls. 329	Gas - MCF 1.8

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) **C. J. LOVE**

C. J. Love

(Signature)

District Production Manager

(Title)

April 12, 1973

(Date)

OIL CONSERVATION COMMISSION

APPROVED

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.