

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
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

I. Operator
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:
 Oil Dry Gas
 Recompletion Casinghead Gas Condensate
 Change in Ownership

Other (Please explain)
 OIL - THIS WELL HAS BEEN RECOMPLETED
 6/11/73
 79701

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Mexico "J"</u>	Well No. <u>2</u>	Pool Name, Including Formation <u>Undesignated (Silurian)</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No. <u>R-9311</u>
Location Unit Letter <u>0</u> ; <u>660</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>East</u> Line of Section <u>32</u> Township <u>24S</u> Range <u>38E</u> , NMPM, <u>Lea</u> 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"/> <u>Scurlock Oil Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>Bldg. of the Southwest, Midland, Texas 79701</u>			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>None</u>	Address (Give address to which approved copy of this form is to be sent) _____			
If well produces oil or liquids, give location of tanks.	Unit <u>G</u>	Sec. <u>5</u>	Twp. <u>25S</u>	Rge. <u>38E</u>
	Is gas actually connected?		When	
	<u>No</u>			

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 <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input checked="" type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input checked="" type="checkbox"/>
Date Spudded <u>Commenced</u> <u>3-26-73</u>	Date Compl. Ready to Prod. <u>4-3-73</u>		Total Depth <u>10,300'</u>		P.B.T.D. <u>8458'</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>3170' DF</u>	Name of Producing Formation <u>Silurian</u>		Top Oil/Gas Pay <u>7,900'</u>		Tubing Depth <u>8211'</u>			
Perforations <u>8380-8390'</u>					Depth Casing Shoe <u>10,300'</u>			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>18"</u>	<u>13-3/8" casing</u>		<u>300'</u>		<u>300</u>			
<u>12-1/4"</u>	<u>9-5/8" casing</u>		<u>3155'</u>		<u>1700</u>			
<u>7-7/8"</u>	<u>5-1/2" casing</u>		<u>10,300'</u>		<u>890</u>			
<u>---</u>	<u>2-3/8" tubing</u>		<u>8,211'</u>		<u>---</u>			

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 <u>4-1-73</u>	Date of Test <u>4-6-73</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pumping</u>	
Length of Test <u>24</u>	Tubing Pressure <u>---</u>	Casing Pressure <u>---</u>	Choke Size <u>---</u>
Actual Prod. During Test	Oil - Bbls. <u>97</u>	Water - Bbls. <u>170</u>	Gas - MCF <u>19.4</u>

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.

J. R. Avent
(Signature)
District Administrative Coordinator
(Title)
April 19, 1973
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY J. R. Avent
TITLE District Administrative Coordinator

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.

WEST CENTRAL DISTRICT
MAY 25 1973
FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE