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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE C. C.

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

JUN 27 5
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1. Operator Skelly Oil Company	
Address P. O. Box 730 - Hobbs, New Mexico 88240	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change of lease name from
Recompletion <input type="checkbox"/>	Mexico "J" Well #39
Change in Ownership <input checked="" type="checkbox"/>	effective June 1, 1969

If change of ownership give name and address of previous owner **Skelly Oil Co., P. O. Box 730, Hobbs, New Mexico 88240**

II. DESCRIPTION OF WELL AND LEASE		Lease No.
Lease Name West Dollarhide Drunka Unit	Well No. 62 Pool Name, Including Formation Dollarhide Tubb-Drunkard	B-9311
Location		
Unit Letter K	1980 Feet From The South Line and 1980 Feet From The West	
Line of Section 32	Township 24S Range 38E , NMPM, Lea County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Texas-New Mexico Pipeline Company	P. O. Box 1530 - Midland, Texas 79701	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1492 - El Paso, Texas 79999	
If well produces oil or liquids, give location of tanks.	Unit B Sec. 5 Twp. 25S Rge. 38E	Is gas actually connected? Yes	When

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

IV. COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Designate Type of Completion - (X)									
Date Spudded	Date Compl. Ready to Prod.	Total Depth				P.B.T.D.			
Elevations (DF, RKB, RT, GR)		Top Oil/Gas Pay				Tubing Depth			
Perforations						Depth Casing Shoe			
HOLE SIZE									

ILLEGIBLE

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

GAS WELL		Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test - MCF/D	Length of Test	Casing Pressure (shut-in)	Choke Size
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)		

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.	
(ORIGINAL SIGNED)	V. E. FLETCHER
District Production Manager	(Signature)
June 2, 1969	(Title)
	(Date)

OIL CONSERVATION COMMISSION	
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 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.	