NO. OF COPIES REC	EIVED	
DISTRIBUT	ON	Ī
SANTA FE		
FILE		
U.S.G.S.		I
LAND OFFICE		L
TRANSPORTER	OIL	L
TRANSPORTER.	GAS	
OPERATOR		
PRORATION OF	FICE	

DISTRIBUTION		ONSERVATION COMMISSION		NJ C 104 J C 110
SANTA FE		FOR ALLOWABLEE O. C.		old C-104 and C-110 -65
FILE	AUTHORIZATION TO TRA	AND		
U.S.G.S.	AUTHORIZATION TO TRA	ANSPIORITIOILAANIB NALTU	RAI_ GAS	
LAND OFFICE	-		•	
TRANSPORTER GAS				
OPERATOR				
I. PRORATION OFFICE				
Operator				
Skelly 011 Com	)qizit			
Address	- Hobba - New Mexico - 882	i.r.		
Reason(s) for filing (Check proper box	22.00	Other (Please expla	in)	
	Change in Transporter of:		use name from	
New We!l	Oil Dry Go	me " West or		
Recompletion	Casinghead Gas Conde			
Change in Ownership	Cdsinghedd Gds Conde	mate	30 84 2707	
If change of ownership give name and address of previous owner	Pan American Petroleum C	-		
Lease Nameties 131122 536	Well No. Pool Name, Including F		of Lease	Lease No.
Prinks & Undit	hh Dollarhide Tab	p-Tribland State	, Federal or Fee State	B-9613
Location				
Unit Letter 'C; 99	O Feet From The North Li	ne and <u>1980</u> Fee	et From The West	
Line of Section 32 To	wnship 248 Range	38E , NMPM,	Les	, County
III. DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	AS		
Name of Authorized Transporter of Oi	or Condensate	Address (Give address to while	ch approved copy of this form is	
Texas-Ver Mexico Final	ine Company	P. O. Post 1510 - M	idland, Texas 797	<i>0</i> 3.
Name of Authorized Transporter of Ca	singhead Gas or Dry Gas		ch approved copy of this form is	
El Paso Natural Gas Jo	mya.y	P. J. Box 1192 - E		999
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	When	
give location of tanks.	G 32 245 38E	Yes		
If this production is commingled w. IV. COMPLETION DATA	ith that from any other lease or pool,	give commingling order num		
	Oil Well Gas Well	New Well Workover De	eper Plug Back Same F	les'v. Diff. Res'v.
Designate Type of Completi	on – (X)		1	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
			Tubing Depth	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Dopin	
			Depth Casing Shoe	
Perforations				
	TURING CASING AN	ID CEMENTING RECORD		
	CASING & TUBING SIZE	DEPTH SET	SACKS C	EMENT
HOLE SIZE				
		BLE		
	I has how have had #	In the last		
Warran Dama Asin Province 1	COP ALLOWARIE (Test must be	after recovery of total volume of	loac oil and must be equal to c	or exceed top allow-
V. TEST DATA AND REQUEST I	able for this	lepth or be for full 24 hours)		
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pun	ip, gis lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
			Gas - MCF	
Actual Prod. During Test	Oil-Bbls.	Water-Bbis.	GGB - MCF	
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condens	ate
Actual Prod. 1981-MCF/D	Length of Tool			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
VI. CERTIFICATE OF COMPLIA	NCE	OIL CON	SERVATION COMMISS	ION
			0	19
I hereby certify that the rules and	regulations of the Oil Conservation	APPROVED	1/1/2	
a linia kaan aamaliad	with and that the information give he best of my knowledge and belief		4/ CAME	
above is true and complete to t		11 //85		
OPIGINAL	V E SI ETCHER	TITLE/		

SIGNED V. E. FLETCH

Pletrict Production Hanages				
Jane 2, 1969	(Title)			
	(Date)			

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 filled for each coal in multiple.

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