

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

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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

I.

Operator Skelly Oil Company		
Address P. O. Box 1351, Midland, Texas 79701		
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:	UNLESS GAS MUST NOT BE PLACED AFTER 5/9/76 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name West Jal "B"	Well No. 1	Pool Name, including Formation Wildcat (Wolfcamp)	Kind of Lease State, Federal or Fee	Fee ---	Lease No. ---
Location Unit Letter J ; 1980 Feet From The South Line and 1980 Feet From The East Line of Section 17 Township 25S Range 36E , 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) P. O. Box 3119, Midland, Texas 79701					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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 J	Sec. 17	Twp. 25S	Rge. 36E	Is gas actually connected?	When

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	New Well	Workover	Deepen	Plug Back <input checked="" type="checkbox"/>	Same Res'tv.	Diff. Res'tv. <input checked="" type="checkbox"/>
Date Spudded Plugged Back 11-28-75	Date Compl. Ready to Prod. 12-17-76		Total Depth 12,275'		P.B.T.D. 11,565'			
Elevations (DF, RKB, RT, GR, etc.) 3138' DF	Name of Producing Formation Wolfcamp		Top Oil/Gas Pay 11,361'		Tubing Depth 11,286'			
Perforations 11,361-11,364', 11,401-11,420'				Depth Casing Shoe				

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8" OD	348'	400 sacks
12-1/4"	9-5/8" OD	5,231'	3155 sacks
8-3/4"	7" OD	11,306'	370 sacks
6-1/8"	5" OD Liner	11,065-12,273'	200 sacks

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 3-9-76	Date of Test 3-20-76	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs.	Tubing Pressure 100#	Casing Pressure ---	Choke Size 12/64"
Actual Prod. During Test 14	Oil-Bbls. 14	Water-Bbls. 8	Gas-MCF NA

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.

(Signature) **Leland Franz**

(Title) **District Production Manager**

(Date) **March 23, 1976**

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.