10tm C-104 INTA FE REQUEST FOR ALLOWABLE 🔍 Supersedes Old C-104 and C-1 LE Effective 1-1-65 AND s.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS AND OFFICE OIL **IRANSPORTER** GAS OPERATOR PRORATION OFFICE Operator Skelly Oil Company Address P. O. Box 1351, Midland, Texas 79701 Reason(s) for filing (Check proper box) Other (Please explain) Formerly: Skelly Oil New Well Company, Mattix A Well No. 5 Recompletion Oil Dry Gas Change in Ownership Casinghead Gas Condensate Effective date of unitization 2-1-74 If change of ownership give name and address of previous owner ____ II. DESCRIPTION OF WELL AND LEASE | Well No. | Pool Name, Including Formation | Langlie Kind of Lease Lease No. 120 State, Federal or Fee Mattix Seven Rivers Queen B-9974 State Myers Langlie-Mattix Unit North Line and С 660 1986 West Feet From The Unit Letter Feet From The 2 Township 24S Range 37E , NMPM, Lea County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil X Address (Give address to which approved copy of this form is to be sent) Texas-New Mexico Pipeline Company P. O. Box 1510, Midland, Texas 79701 Name of Authorized Transporter of Casinghead Gas [X] or Dry Gas Address (Give address to which approved copy of this form is to be sent) El Paso Natural Gas Company P. O. Box 1492, El Paso, Texas 79999 Unit Twp. When Sec. Page. Is gas actually connected? If well produces oil or liquids, Ε 24S -37E Yes 1-1-61 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 Same Res'v. Diff. Res'v. Designate Type of Completion -(X)Date Compl. Ready to Prod. Total Depth P.B.T.D. Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth Perforations Depth Casing Shoe TUBING, CASING, AND CEMENTING RECORD CASING & TUBING SIZE SACKS CEMENT HOLE SIZE DEPTH SET (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) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Cil Run To Tanks Date of Test Length of Test Tubing Pressure Casing Pressure Choke Size Actual Prod. During Test Oil - Bhis. Water - Bble. Gas - MCF **GAS WELL** Length of Tost Bbls. Condensate/MMCF Gravity of Condensate Actual Prod. Test-MCF/D Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size VI. CERTIFICATE OF COMPLIANCE OIL CONSERVATION COMMISSION APPROVED_

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 bellef.

(SIGNED) LALLE CLULLE

(Date)

(Signature) Leland Franz

District Production Manager (Title)

January 30, 1974

TITLE .

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or despened 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

	DISTRIBUTION	7					
		_	CONSERVATION COMMIS	SSION		C-104	2
	SANTA FE	REQUEST	FOR ALLOWABLE			rsedes Old (tive 1-1-65	C-104 and C-11
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	U.S.G.S.	AUTHORIZATION TO TR		ATURAL G	AS		
	LAND OFFICE	i . (. !)	6 20 ml M				
	TRANSPORTER GAS						
	OPERATOR	7					
I.	PRORATION OFFICE						
	Operator						
	SKELLY OIL COMPANY						
	Address						
		P. O. Box 730 - Hebbe	. New Nazion Si	240			
	Reason(s) for filing (Check proper box		Other (Please				
	New Well	Change in Transporter of:		•			
	Recompletion	Oil Dry G		in oper		Beetag	
	Change in Ownership	Casinghead Gas Conde	ensate	mr 1, 19	67		
							
	If change of ownership give name	Formerly Phillips Pet	mleum Commany's	. Mattir	Wall No.	. 5	
	and address of previous owner	Interest Augusta tor	Material American a			2 1/	-
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11.	DESCRIPTION OF WELL AND Lease Name	Well No. Pool Name, Including I	ormation	Kind of Lease			Lease No.
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Ш.		TER OF OIL AND NATURAL G.	AS	1.7			11
	Name of Authorized Transporter of Oil		Address (Give address to			s jorm is to	oe sent)
	Temas-New Mexico Pipe		Dox 1510 - Mic				
	'Name of Authorized Transporter of Car	singhead Gas or Dry Gas	Address (Give address to	which approv	ed copy of thi	s form is to	be sent)
	El Paso Hatural Sas Co	anpeny	Box 1492 - El	Paso, To	xes		
	If well produces oil or liquids,	Unit Sec. Twp. Fige.	Is gas actually connecte				
	give location of tanks.	E 2 248 37E	Tes	Jan	wary 1.	1961	
	L						
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		th that from any other lease or pool	give commingling order	number:	· · · · · · · · · · · · · · · · · · ·		
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		Oil Well Gas Well			Plug Back	Same Res	v, Diff. Res'v.
	COMPLETION DATA	Oil Well Gas Well			Plug Back	Same Res	v. Diff. Restv.
	Designate Type of Completic	on - (X) Oil Well Gas Well	New Well Workover			Same Res	v. Diff. Res'v.
	Designate Type of Completic	on - (X) Gas Well Date Compl. Ready to Prod.	New Well Workover				v. Diff. Res'v.
	Designate Type of Completic	on - (X) Oil Well Gas Well	New Well Workover		P.B.T.D.		v. Diff. Restv.
	Designate Type of Completic Date Spudded Elevations (DF, RKB, RT, GR, etc.)	on - (X) Gas Well Date Compl. Ready to Prod.	New Well Workover		P.B.T.D.	h	v. Diff. Res*v.
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VI

above is true and complete to the best of my knowledge and belief.

(signed) C. R. DAVIS

(Signature)

Assistant District Superintendent

(Title)

Hovember 9, 1967

(Date)

TITLE .

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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.

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