NEW MEXICO O L. COMBERVATION COMMISSION Form C-104 INTA FE REQUEST FOR ALLOWABLE ---Supersedes Old C-104 and C-1 11 F Effective 1-1-65 AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS 5.6.5. AND OFFICE OIL | RANSPORTER 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 Co. New Well Change in Transporter of: Mattix "A" Well No. 6 Recompletion Dry Gas Effective date of unitization 2-1-74 Change in Ownership Casinahead Gas Condensate 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 Legse No. 155 State, Federal or Fee Mattix Seven Rivers Queen B-9974 State <u> Myers Langlie-Mattix Unit</u> 1964 North Line and __ 1986 West Unit Letter Feet From The Feet From The 2 Line of Section Township 245 Range 37E , NMPM, Lea County Address (Give address to which approved copy of this form is to be sent) Texas-New Mexico Pipe Line 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 When Unit Twc. Page. Is gas actually connected? If well produces oil or liquids, give location of tanks. 2 37E 24S F. Yes 1-1-61 If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA New Well Oil Well Workover 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, etc., Name of Producing Formation Top Oil/Gas Pay Tubing Depth Perforations Depth Casing Shoe TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE SACKS CEMENT (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow able for this depth or be for full 24 hours) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Date First New Cil Run To Tanks Producing Method (Flow, pump, gas lift, etc.) Date of Test Length of Test Choke Size Tubing Pressure Casing Pressure Oil - Bbia. Water - Bbls. Ggs - MCF Actual Prod. During Test 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 (Fhut-in) Choke Size OIL CONSERVATION COMMISSION APPROVED. , 19.

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 beat of my knowledge and belief.

(Signature) Leland Franz District Production Manager (Title)

> February 1, 1974 (Date)

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

TITLE _

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

NO. OF COPIES RECEIVED			
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OBERATOR			

	SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-116			
	FILE		AND	Effective 1-1-65			
	U.S.G.S.	AUTHORIZATION TO TRIA	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS				
	LAND OFFICE	AUTHORIZATION TO TRA	THE PARTY OF THE	GAS			
	TRANSPORTER OIL						
	GAS						
	OPERATOR						
I.	PRORATION OFFICE Operator						
	-•	STELLY OF	COMPANY				
Address							
		P. Q. Box 730 - Hobb	e. New Maries 88240				
	Reason(s) for filing (Check proper t		Other (Please explain)				
	New Well	Change in Transporter of:					
	Recompletion	Oil Dry Ga	s Change in	operator effective			
	Change in Ownership	Casinghead Gas Conden	asate Sovember	1, 1967			
	If change of ownership give name	Townsylw Shilling Do	trolem Company's - Ma	ette Mall Ma. A			
	and address of previous owner						
II. DESCRIPTION OF WELL AND LEASE Bertiesville, Chishene							
	Lease Name	Well No. Pool Name, Including Fe	ormation Kind of Lea	ise Lease No.			
	Mattin "A"-Batt.	1 6 Langlie Mattin	State, Fede	ral or Fee State B-9974			
	Location						
	Unit Letter	Feet From The Borth Lin	e and 1966 Feet From	n The Heat			
	OM Letter	r cet r foin the					
	Line of Section	Township 248 Range	, NMPM,	County			
III.	DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL GA	.S				
	Name of Authorized Transporter of		1	roved copy of this form is to be sent)			
	Texas-New Mantee		Dox 1510 - Midland, To				
	Name of Authorized Transporter of			roved copy of this form is to be sent)			
	El Paso Hatural 6		Sex 1492 - El Pase, To				
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	1.0 4.1.	/hen			
	give location of tanks.	E 2 248 37E	Yes 3	muary 1, 1961			
	If this production is commingled	with that from any other lease or pool,	give commingling order number:				
IV.	COMPLETION DATA		1	Plug Back Same Res'v. Diff. Res'v.			
	Designate Type of Comple	tion - (X)	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.			
			Total Depth	P.B.T.D.			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	F.B.1.D.			
	Elevations (DF, RKB, RT, GR, etc.	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth			
	Lievations (DF, RRB, RI, GR, etc.	Name of Floaticing Connection	Top on/ out 1 d/	1.02.119			
	Perforations			Depth Casing Shoe			
	Perforations		Sopii casing sales				
		TUBING, CASING, AND CEMENTING RECORD					
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
	HOLE SIZE	CASING & FORMS SIZE	1 02.111021				
	TOTAL AND DECLIES	EOD ALLOWARIE (Total Total	for an annual solution of land a	il and must be equal to or exceed top allow-			
٧.	TEST DATA AND REQUEST OIL WELL	able for this de	pth or be for full 24 hours)	it and must be equal to or exceed top attom-			
	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.	Gαs-MCF			
	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		NCE	OIL CONSERV	ATION COMMISSION			
		MOE					
	hereby certify that the rules and regulations of the Oil Conservation		APPROVED	11/ 9 146 19			
	I hereby contify that the miles of	nd regulations of the Oil Conservation	· · · · · · · · · · · · · · · · · · ·				
	Commission have been complie	d with and that the information given		Tribino Color			
	Commission have been complie	nd regulations of the Oil Conservation d with and that the information given the best of my knowledge and belief.	BY				

VI.

(signed) C. R. DAVIS

(Signature)

Assistant District Superintendent

(Title)

Hovember 9, 1967

(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.

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