ENTER ONE CONSCINENCIAL COMMISSION Form C-104 INTA FE REQUEST FOR ALLOWABLE -Supersedes Old C-104 and C-i LE Effective 1-1-65 AND 5.6.5. 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 0il New Well Change in Transporter of: Company, Mattix A Well No. 2 Recompletion OII 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 Lease No. State, Federal or Fee State 154 Mattix Seven Rivers Queen Myers Langlie-Mattix Unit B-9974 1966 Feet From The North Line and 662 West Unit Letter Feet From The 2 Line of Section 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 Pipe Line Company P. O. Box 1510, Midland, Texas 79701 Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas X or Dry Gas El Paso Natural Gas Company P. O. Box 1492, El Paso, Texas Unit Sec. Twp. Pae. Is gas actually connected? When If well produces oil or liquids, give location of tanks. E 2 24S 37E Yes 12-22-1960 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. Plug Back Designate Type of Completion -(X)P.B.T.D. Date Compl. Ready to Prod. Total Depth 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 V. TEST DATA AND REQUEST FOR ALLOWABLE (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) OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Date of Test Length of Test Tubing Pressure Casing Pressure Choke Size Actual Prod. During Test Oil-Bhis. Water - Bbls. Gas - MCF GAS WELL Actual Prod. Test-MCF/D Length of Tost Bbis. Condensate/MMCF Gravity of Condensate

VI. CERTIFICATE OF COMPLIANCE

Testing Method (pitot, back pr.)

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.

Tubing Pressure (Shut-in)

(Signature) Leland Franz

District Production Manager

January 31, 1974

(Date)

(Title)

OIL CONSERVATION COMMISSION

Choke Size

APPROVED ______, 19 _____

TITLE _

Casing Pressure (Shut-in).

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

	NO. OF COPIES RECE							
	DISTRIBUTIO							
	SANTA FE							
	FILE							
	U.S.G.S.							
	LAND OFFICE							
1.	TRANSPORTER	OIL	<u> </u>					
		GAS						
	OPERATOR							
	PRORATION OF	<u> </u>						
	Operator							
	Address							

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104
Supersedes Old C-104 and C-110

	FILE	AND Effective 1-1-65									
	U.S.G.S.	ALITHODI	NSPORT OIL AND NATURAL GAS								
	LAND OFFICE	AUTHOR	ZATION		44.0			GA3			
	TRANSPORTER OIL GAS				· · · · · · · · · · · · · · · · · · ·	4 13 I	i bf				
	OPERATOR PROPATION OFFICE										
I.	Operator Operator		· · · · · · · · · · · · · · · · · · ·		F			w			
	exely cel company										
	Address										
	P. C. Box 730 - Hobbs,					New Monico 88249 Other (Please explain)					
	Reason(s) for filing (Check proper box) New We!! Change in Transporter of:										
	Recompletion	Oil		Dry Gas				rator offer	45 4 8		
	Change in Ownership	Casinghead (Gas 🔲	Condens	ate 🔲		ber 1, 1	70/			
	If change of ownership give name	-	•••								
	If change of ownership give name and address of previous owner	Formerly Phi	llips Pe	g Lof in		MANA .	Mattix	Hell He. 2			
II.	DESCRIPTION OF WELL AN		Bertlesv			M	Kind of Leas	20	Lease No.		
	Lease Name		ool Name, Incl			JOEO	State, Feder				
	Mattix "A" - Bett. 1 Location	2 1	englie H	RELL	4				EG 1-77/4		
	Unit Letter	1966 Feet From 7	The	rth Line	and	662	Feet From	The West			
	Line of Section	Township 248	Raı	nge	378	, NMPN	1,	68	County		
III.	DESIGNATION OF TRANSPO	RTER OF OIL A	ND NATUR	AL GAS	S						
	Name of Authorized Transporter of		ensate		Address (G	ive address	to which appro	oved copy of this	form is to be sent)		
	Texas-How Mexico Pip				Dex 151	0 - MI	land, To	made on well this	form is to be sent)		
	Name of Authorized Transporter of		or Dry Gas	_					orm is to be sent)		
	El Paso Matural Sas	Unit Sec.	Twp.			ally connect		hen			
	If well produces oil or liquids, give location of tanks.	2	244	17E	**			December 2	l. 1960		
	If this production is commingled	with that from any o	ther lease o	or pool, g	ive commi	ngling orde	r number:				
	COMPLETION DATA					Workover		Dia Deels C	ame Resiv. Diff. Resiv.		
	Designate Type of Comple	etion - (X)	Well Gas	s Well	New Well	workover	Deepen	Plug Back S	ime Res-v. Dill. Res-v.		
	Date Spudded	Date Compl. Rea	dy to Prod.		Total Depti	<u>i</u> h	<u> </u>	P.B.T.D.	ii		
		_									
	Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth				
							Depth Casing Shoe				
	Perforations							Topin odding			
	TUBING, CASING, AND CI					CEMENTING RECORD					
	HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
											
% 7	TEST DATA AND REQUEST	FOR ALLOWARI	E (Test m	oust he aft	er recovery	of total vol	ume of load oi	l and must be equa	al to or exceed top allow		
٧.	OIL WELL	FOR ALLOWADI	able fo	r this dep	oth or be for	full 24 hour	s)		•		
	Date First New Oil Run To Tanks	Date of Test			Producing Method (Flow, pump, gas lift, etc.)						
		Making December				Casing Pressure		Choke Size			
	Length of Test	Tubing Pressure			Canny 1 1000 me						
	Actual Prod. During Test	Oil-Bbls.	Oil-Bbls.		Water - Bbis.		Gas-MCF				
	\										
	GAS WELL	It anoth of Tost			Bhle Cond	lensate/MMC	`F	Gravity of Cor	ndensate		
	Actual Prod. Test-MCF/D	Length of Test			Bara. Goldenbara, Milas.						
	Testing Method (pitot, back pr.)	Tubing Pressure	(Shut-in)		Casing Pre	ssure (Shu	t-in)	Choke Size			
			- -			-					
VI.	CERTIFICATE OF COMPLIANCE					OIL	CONSERV	ATION COMM	IISSION		
						5-	(4)	CUV 8 1401) , 19		
	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.			rvation	APPROVED, 19						
				B							
					TITLE STORY						
	(signed) C. R. DAVIS			1	n for- '- '	o be filed in	compliance wit	# h rule 1104.			
				76 4	hio io o red	mest for allo	wable for a new	ly drilled or deepened			
	(Signature)				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.						
	Assistant District Separintendent				A11	sections o	f this form u	ust be filled out	t completely for allow		
		(Title)			able on new and recompleted wells.						
	November 9, 1967				Fill out only Sections I, II, III, and VI for changes of owner,						

(Date)

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.