1.	DISTRIBUTION  ANTA FE  TLE  S.G.S.  AND OFFICE  SRANSPORTER OIL  GAS  OPERATOR  PRORATION OFFICE	REQUEST	FOR ALLOWAE  AND ANSPORT OIL AND NATURAL GA	Form C-104 Supersedes Old C-104 and C-1 Effective 1-1-65	
-,	Operator Skelly Oil Company				
	Skelly Oil Company Address				
	P. O. Box 1351, Midland, Texas 79701  Reason(s) for filing (Check proper box)  Other (Please explain) Property of the property				
Reason(s) for filing (Check proper box)  New We!! Change in Transporter of: Fiecompletion Oil Dry Gas  Change in Ownership Casinghead Gas Condensate Effective date of unitization					
	If change of ownership give name	change of ownership give name Texaco, Inc., P. O. Box 728, Hobbs, New Mexico 88240			
and address of previous owner					
11.	DESCRIPTION OF WELL AND Lease Name	Well No. Pool Name, Including Fo	ormation Langlie Kind of Lease	Lease No.	
	Myers Langlie-Mattix Un			Fee Fee	
	Unit Letter H : 1980 Feet From The North Line and 660 Feet From The East				
	,	waship 24S Range	37E , NMPM, Lea		
				County	
III.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil  or Condensate  Address (Give address to which approved copy of this form is to be sent)			copy of this form is to be sent)	
	Texas-New Mexico Pipel:		P. O. Box 1510, Midland, Texas 79701 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		
	If well produces oil or liquids, Unit Sec. Twp. Ege. Is gas actually connected? When give location of tanks. H 5 24S 37E Yes				
		this production is commingled with that from any other lease or pool, give commingling order number:			
IV.	V. COMPLETION DATA  Designate Type of Completion - (X)  OII Well   Gas Well   New Well		New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Froducing Formation	Top Otl/Gas Pay	Tubing Depth	
	Diovations (D1, RRB, R1, GR, etc.)	rame of Producing Connection			
	Perforations			Depth Casing Shoe	
			CEMENTING RECORD		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	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)				
	Date First New Oil Run To Tafks Date of Test		Producing Method (Flow, pump, gas lift, etc.)		
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	Actual Prod. During Test	Oil-Bbis.	Water-Bbls.	Gas - MCF	
	GAS WELL	·			
	Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Freseure (Shut-in)	Choke Size	
VI.	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION		
	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.		APPROVED, 19		
			BY		
			TITLE		
	(synthetic transfer all the all the second		This form is to be filed in co		
			If this is a request for silowable for a newly drilled or despend 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 allow-		
	District Engineer				
	(Tit February 25, 19		shie on new and recompleted wells.  Fill out only Sections I. II. HI. and VI for changes of owner,		
	(Date)		well name or number, or transporter, or other such change of condition.  Separate Forms C-104 must be filed for each pool in multiply		
			Separate Forms C-104 must be fired for each poor in manage,		