| 1. | DISTRIBUTION ANTA FE SLE S.G.S. AND OFFICE IRANSPORTER GAS OPERATOR PROBATION OFFICE | REQUEST | CONSERVATION COMMISSION FOR ALLOWABLE AND ANSPORT OIL AND NATURAL | Form C-104 Supersedes Old C-104 and C- Effective 1-1-65 GAS |
|------|--|---------------------------------------|--|---|
| •• | Operator Skally Oil Compa | N17 | | |
| | Skelly Oil Company Address | | | |
| | P. O. Box 1351, Midland, Texas 79701 Reason(s) for filing (Check proper box) New We'l Change in Transporter of: Other (Please explain) Formerly: Texas Pacific | | | |
| | New Well | Change in Transporter of: | Oil Company Cour | ormerly: Texas Pacific |
| | Recompletion Change in Ownership | Oil Dry Ga Casinghead Gas Conder | rs | |
| | | | | |
| | If change of ownership give name and address of previous owner | Texas Pacific Oil Company | y, P. O. Box 1069, Hobbs | s, New Mexico 88240 |
| II. | DESCRIPTION OF WELL AND | LEASE | | • |
| | Lease Name | Well No. Pool Name, Including F | | Lease ite. |
| | Myers Langlie-Mattix Un | it 170 Mattix Seven R | Civers Queen State, Feder | olor Fee Federal NM-7488 |
| | Unit Letter L : 1980 Feet From The South Line and 330 Feet From The West | | | |
| | _ | 01.0 | 000 | _ |
| | Line of Section 2 Tov | vnship 245 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) | | | |
| | Shell Pipe Line Corporation | | P. O. Box 2648, Houston, Texas 77001 | |
| | Name of Authorized Transporter of Cas | singhead Gas 👿 or Dry Gas 🗍 | Address (Give address to which approved copy of this form is to be sent) | |
| | El Paso Natural Gas Co | Unit Sec. Twp. Ege. | P. O. Box 1492, El Pasc | nen /9999 |
| | give location of tanks. | J 6 24S 37E | Yes | 6-11-61 |
| 137 | If this production is commingled wit COMPLETION DATA | th that from any other lease or pool, | give commingling order number: | |
| ••• | Designate Type of Completion | Oil Well Gas 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 Producing Formation | Top Oil/Gas Pay | Tubing Depth |
| | Perforations | | | Depth Casing Shoe |
| | TUBING, CASING, AND 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 Tanks | Date of Test | Producing Method (Flow, pump, gas l | ift, etc.) |
| | Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| | Length of Test | raping Proportion | odbing (tobota o | |
| | Actual Prod. During Test | Oil-Bble. | Water-Bbls. | Gas-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 |
| _ | | | | <u> </u> |
| 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. | | 11 | , 19 |
| | | | BY | |
| | | | TITLE | |

(Signature) Leland Franz

(Title)

District Production Manager

February 1, 1974 (Date)

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