## INIAFL REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-1 ILE Effective 1-1-65 **DI1A** 5.G.S. ORIZATION TO TRANSPORT OIL AND No. TURAL GAS AND OFFICE OIL TRANSPORTER OPERATOR PRORATION OFFICE Operator Skelly Oil Company P. O. Box 1351, Midland, Texas 79701 Reason(s) for filing (Check proper box) Other (Please explain) Formerly: Texas Pacific New Well Change in Transporter of: Oil Company, Courtland Myers Well No. 8 011 Dry Gas Change in Ownership Casinahead Gas Condensate | Effective date of unitization 2-1-74 If change of ownership give name Texas Pacific Oil Company, P. O. Box 1059, Hobbs, New Mexico 88280 and address of previous owner Texas Pacific Oil Company, P. O. Box 1059, Hobbs, New Mexico II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, including Formation Langlie Kind of Lease Legse No. State, Federal or Fee Federal Mattix Seven Rivers Queen NM - 7488169 Myers Langlie-Mattix Unit West 1980 Feet From The South Line and 1980 Feet From The Unit Letter 245 37E Lea Range , NMPM, Township County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS or Condensate Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil P. O. Box 2648, Houston, Texas 77001 Shell Pipe Line Corporation Name of Authorized Transporter of Casinghead Gas A or Dry Gas Address (Give address to which approved copy of this form is to be sent) P. O. Box 1492, El Paso, Texas 79999 El Paso Natural Gas Company When Is gas actually connected? Unit Sec. Twp. P.ge. If well produces oil or liquids, 6 24S | 37E Yes Unknown J give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Deepen Gas Well New Well Workover Plug Back | Same Res'v. Diff. Res'v. Designate Type of Completion - (X) Total Depth Date Compl. Ready to Prod. Date Spudded Top Oil/Gas Pay Tubing Depth Elevations (DF, RKB, RT, GR, etc., Name of Producing Formation Depth Casing Shoe Perforations TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT CASING & TUBING SIZE HOLE SIZE fTest 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 Choke Size Casing Pressure Length of Test Tubing Pressure Water-Bbls. Gas - MCF Cil-Bbis. Actual Prod. During Test **GAS WELL** Gravity of Condensate Bbls. Condensate/MMCF Length of Test Actual Prod. Test-MCF/D Choke Size Casing Pressure (Shut-in) Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) OIL CONSERVATION COMMISSION VI. CERTIFICATE OF COMPLIANCE \* /4 APPROVED\_ I hereby certify that the rules and regulations of the Oil Conservation Orig. Signed by Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief. BY. loc D. Remey Dist. I, Supv. TITLE \_ This form is to be filed in compliance with RULE 1104.

(Signature) Leland Franz

(Title)

(Date)

District Production Manager

February 4, 1974

If this is a request for sllowable 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 sllowable 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