## DISTRIBUTION NEW MEXICO QIL CONSERVATION COMMISSION Form C-104 INTAFE REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-. ILE Effective 1-1-65 AND S.G.5 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS AND OFFICE **IRANSPORTER** GAS 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: Texaco, Inc. New Well Change in Transporter of: J. D. Young Well No. 3. Recompletion OH Dry Gas Change in Ownership XCasinghead Gas Condensate Effective date of unitization 2-1-74 If change of ownership give name and address of previous owner Texaco, Inc., P. O. Box 728, Hobbs, New Mexico 88240 II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Langlie Kind of Lease Legse No. 179 Mattix Seven Rivers Queen State, Federal or Fee Myers Langlie-Mattix Unit Fee 660 Feet From The South Line and 1980 East Feet From The 5 245 Township 37E Line of Section Range , NMPM, Lea County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS or Condensate Name of Authorized Transporter of Cil 🛣 Address (Give address to which approved copy of this form is to be sent) Texas-New Mexico Pipeline 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 Sec. T.ge. Twp. Is gas actually connected? Unit If well produces oil or liquids, give location of tanks. 5 24S + 37E Yes Ι If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Workover Gas Well Deepen Plug Back Same Resty, Diff. Resty. 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 DEPTH SET SACKS CEMENT (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) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Date of Test Choke Size Length of Test Tubing Pressure Casing Pressure Actual Prod. During Test Cil-Bble. Water - Bble. 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 VI. CERTIFICATE OF COMPLIANCE OIL CONSERVATION COMMISSION APPROVED \_\_ I hereby certify that the rules and regulations of the Oil Conservation Lby

Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

(Signer) Marie and a second

(Signature) Merlin J. Ekman District Engineer (Title) February 26, 1974

(Date)

BY\_ SETTO TITLE -

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, ell name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply