	UISTRIBUTION INTAFE ILE S.G.S. AND OFFICE IRANSPORTER OIL GAS OPERATOR	REQUES	CONJERVATION COMMISSION T FOR ALLOWABLE AND RANSPORT OIL AND NATURAL G	Form C-104 Supersedes Old C-104 and C-1 Effective 1-1-65	
1.	I. PRORATION OFFICE Operator Skelly Oil Company Address				
	P. O. Box 1351, Midland, Texas 79701 Reason(s) for filing (Check proper box) New Well Change in Transporter of: Other (Please explain) Formerly: Texas Pacific Oil Dry Gas Change in Ownership Casinghead Gas Condensate Feforetive date of				
	If change of ownership give name and address of previous owner	change of ownership give name Texas Pacific Oil Company, P. O. Box 1069, Hobbs, New Mexico 88240			
11.	DESCRIPTION OF WELL AND			Lease No.	
	Myers Langlie-Mattix Unit 176 Mattix Seven Rivers Queen State, Federal or Fee Federal NM- Location P 660 Feet From The South 660 Feet From The East				
	·····	wnship 245 Bange	37E , NMPM, Lea	County	
III.	DESIGNATION OF TRANSPOR Name of Authorized Transporter of Oil Shell Pipeline Corpor Name of Authorized Transporter of Cas	ration	Address (Give address to which approve P. O. Box 2648, Houston	. Texas 77001	
	El Paso Natural Gas Company		Address (Give address to which approved copy of this form is to be sent) P. O. Box 1492, El Paso, Texas 79999 Is gas actually connected?		
İ	If well produces oil or liquids, give location of tanks.	P 6 24S 37E	Yes	Unknown	
IV.	COMPLETION DATA	th that from any other lease or pool, Oil Well Gas Well	+- <u></u>	Plug Back ¹ Same Res'v. ¹ Diff. Res'v.	
	Designate Type of Completic	Date Compl. Ready to Prod.	Total Depth		
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Ctl/Gas Pay	P.B.T.D.	
	Perforations			Tubing Depth	
	· · · · · · · · · · · · · · · · · · ·			Depth Casing Shoe	
	HOLESIZE	CASING & TUBING SIZE	D CEMENTING RECORD	SACKS CEMENT	
Ĺ					
V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or excee OIL WELL able for this depth or be for full 24 hours)					
Date First New Cil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc			etc.)		
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	Actual Prod. During Test	Oll-BELS.	Water-Bbls.	Gas - MCF	
	GAS WELL		· · · · · · · · · · · · · · · · · · ·		
ſ	Actual Prod. Test-MCF/D	Length of Test	Bbls, Condensate/MMCF	Gravity of Condensate	
ŀ	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
VI. C	CERTIFICATE OF COMPLIANC	E	OIL CONSERVAT	ION COMMISSION	
0	hereby certify that the rules and re Commission have been complied w bove is true and complete to the	ith and that the information given	APPROVED, 19 BY 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 allow- able 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.		
_	(Signat District Production Ma	we/Leland Franz nager			
-	(Tul February 1, 1974 (Dat	e)			
		 	Separate Forms C-104 must b	e filed for each pool in multiply	