	DISTRIBUTION NATA FE ILE S.G.S. AND OFFICE FRANSPORTER GAS OPERATOR PRORATION OFFICE		ONSERVATION COMMISSION FOR ALLOWABLE AND AND INSPORT OIL AND NATUR	Effective 1-1-6	I C-104 and C-1 S
**	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: Recompletion Oil Dry Gas Change in Ownership Casinghead Gas Condensate Effective date of unitization 2-1-74				
	If change of ownership give name and address of previous owner $\underline{\hspace{1cm}T}$	exas Pacific Oil Company	y, P. O. Box 1069, Ho	obbs, New Mexico 8	38240
II.	DESCRIPTION OF WELL AND I Lease Name Myers Langlie-Mattix Unit Location Unit Letter I : 1980	Well No. Pool Name, Including F	ivers Queen State, I	Lease Federal or Fee Federal From The East	Lease No. NM-7488
		nship 24S Range	37E , NMPM,	Lea	County
111	DESIGNATION OF TRANSPORT	TER OF OUL AND NATURAL GA	AS		
•••	Name of Authorized Transporter of Oil or Condensate Shell Pipe Line Corporation Name of Authorized Transporter of Casinghead Gas or Dry Gas or Dry Gas El Paso Natural Gas Company If well produces oil or liquids.		P. O. Box 2648, Houston, Texas 77001 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? When		
	give location of tanks. J 6 24S 37E Yes 5-8-61 If this production is commingled with that from any other lease or pool, give commingling order number:				
	COMPLETION DATA OIL Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v.				
	Designate Type of Completio		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 CE	MENT
V.	TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Date First New Oil Run To Takes Date of Test Date of Test Date of Test Producing Method (Flow, pump, gas lift, etc.)				
	Date First New Oil Mun 10 1 dazs	Date of Test			
	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	Bbls, Condensate/MMCF	Gravity of Condensat	•
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
VI	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION		
	I hereby certify that the rules and r Commission have been complied v above is true and complete to the	vith and that the information given	1		

TITLE _ This form is to be filed in compliance with RULE 1104.

(Signature) Leland Franz

(Title)

(Date)

District Production Manager

February 1, 1974

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 Separate Forms C-104 must be filed for each pool in multiply