DISTRIBUT ON	NEW MEXICO OIL	CONSERVATION CON	MM: "ON	Form	C-104	
\NTA FE	REQUEST FOR ALLOWABLE Supersedes Old C-104 and Effective 1-1-65			104 and C-11		
ILE .	<u> </u>	AND			(IAB 1-1-02	
S.G.S.	AUTHORIZATION TO T	RANSPORT OIL AND	D NATURAL G	AS		
AND OFFICE						
TRANSPORTER GAS						
OPERATOR						
PRORATION OFFICE						
Operator						
Skelly Oil Compar	ny	······································				
Address						
P. O. Box 1351, N	Midland, Texas 79701					
Reason(s) for filing (Check proper	box)	Other (Ple	ase explain) For	rmerly:	Mobil Oi	i 1
New Well	Change in Transporter of:		poration, J			
Recompletion	Oil	Gas				
Change in Ownership w	Casinghead Gas Con	densate Effect	tive date o	<u>f unitiza</u>	tion 2-1	-74
	_					
If change of ownership give nam and address of previous owner	Mobil Oil Corporation	, P. O. Box 633	3, Midland,	Texas 79	701	
. DESCRIPTION OF WELL AN	ID LEASE					
Lease Name	Well No. Pool Name, Including	Formation Langlie	Kind of Lease			Lease No.
Myers Langlie-Mattix	Unit 137 Mattix Seven	Rivers Queen	State, Federal	cr Fee Fe	e _	·
Location						
Location		Line and 626	Feet From T	he <u>We</u>	st	
Location	60 Feet From The North	Line and 626	Feet From T	he <u>We</u>	st	
Location		Line and <u>626</u>	-	`he <u>We</u>	st	County
Unit Letter D ;	60 Feet From The North			he <u>We</u>	st	County
Location Unit Letter D ; 6 Line of Section 6	Feet From The North Township 24S Range	37E , NM	ирм, Lea			
Location Unit Letter D ; 6 Line of Section 6	Township 24S Range	37E , NM	ирм, Lea			
Location Unit Letter D ; 6 Line of Section 6 DESIGNATION OF TRANSPORT Name of Authorized Transporter of Line Corporation Corporations (Corporation)	Township 24S Range ORTER OF OIL AND NATURAL OIL X or Condensate	37E , NM GAS Address (Give addre P. O. Box	See to which approx	ed copy of this	s form is to b	e sent)
Location Unit Letter D : 6 Line of Section 6	Township 24S Range ORTER OF OIL AND NATURAL OIL X or Condensate	37E , NM GAS Address (Give addre	See to which approx	ed copy of this	s form is to b	e sent)
Location Unit Letter D ; 6 Line of Section 6 DESIGNATION OF TRANSPORT Name of Authorized Transporter of Line Corporation Corporations (Corporation)	Township 24S Range ORTER OF OIL AND NATURAL OIL X or Condensate Cation Casinghead Gas X or Dry Gas	GAS Address (Give addre P. O. Box Address (Give addre	See to which approx	ed copy of this	s form is to be S 77001 s form is to be	e sent) e sent)
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p allow-

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pu	Producing Method (Flow, pump, gas lift, etc.)		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
Actual Prod. During Test	Oll-Bbis.	Water - Bbls.	Gas-MCF		

GAS WELL Bbls. Condensate/MMCF Gravity of Condensate Length of Test Actual Prod. Test-MCF/D Casing Pressure (Shut-in) Choke Size Tubing Pressure (Shut-in) Testing Method (pitot, back pr.)

I hereby certify that the rules	and regulations	of	the	Oil	Conservation

VI. CERTIFICATE OF COMPLIANCE

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

	(Signature) Leland Franz
District Production	Manager
	(Title)
Tanuary 20 1074	

(Date)

OIL CONSERVATION COMMISSION

APPROVED ___

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