NEW MEXICO OIL CONSERVATION COMMISSION Form C-104 INTAFE REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-1 Effective 1-1-65 ILE AND 5 G.S 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 Other (Please explain) Formerly: Texas Pacific Reason(s) for filing (Check proper box) New Well Change in Transporter of: Oil Company, Hodge, Well No. 3 Recompletion Oil Dry Gas Effective date of unitization 2-1-74 Change in Ownership Casinghead Gas Condensate If change of ownership give name Texas Pacific Oil Company, P. O. Box 1069, Hobbs, New Mexico and address of previous owner_____ 88240 II. DESCRIPTION OF WELL AND LEASE Vell No. Pool Name, Including Formation Kind of Lease Lease No. Langlie State, Federal or Fee Fee Myers Langlie-Mattix Unit 199 Mattix Seven Rivers 660 Feet From The North Line and 1980 Unit Letter Feet From The East 8 24S Range 37E , NMPM. Lea Township Line of Section County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Cil 💢 Texas-New Mexico Pipe Line Company P. O. Box 1510, Midland, Texas 79701 Name of Authorized Transporter of Casinghead Gas [X] Address (Give address to which approved copy of this form is to be sent) El Paso Natural Gas Company P. Q. Box 1492, El Paso, Texas 79999 T_{P.ge}. Twp. Is gas actually connected? Unit When If well produces oil or liquids, give location of tanks. 24S H 18 - 37E Yes Unknown If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Same Res'v. Diff. Res'v. Oll Well Gas Well Workover New Well Deepen Plug Back Designate Type of Completion - (X) Total Depth Date Spudded Date Compl. Ready to Prod. P.B.T.D. Elevations (DF, RKB, RT, GR, etc., Name of Producing Formation Top Oli/Gas Pay Tubing Depth Depth Casing Shoe Perforations TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT V. TEST DATA AND REQUEST FOR ALLOWABLE (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) OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tarks Date of Test Choke Size Casing Pressure Tubing Pressure Length of Test Water-Bbls. Actual Prod. During Test Oil - Bhia. GAS WELL Actual Prod. Test-MCF/D Bbls. Condensate/MMCF Gravity of Condensate Length of Test Cosing Pressure (Shut-in) Choke Size Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) OIL CONSERVATION COMMISSION VI. CERTIFICATE OF COMPLIANCE APPROVED __ I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief. 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 MULE 111. (Signature) Leland Franz District Production Manager All sections of this form must be filled out completely for allowable on new and recompleted wells. (Title) 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. February 1, 1974 (Date) Separate Forms C-104 must be filed for each pool in multiply