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LAND OFFICE			
IRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

DISTRIBUTION	VEW			
SANTA FE		PNSERVATION COMMISSION Form C-104 FOR ALLOWABLE Supersedes Old C-104 and C		
FILE	KEQ0E01	AND	Effective 1-1-65	
U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL GAS		
LAND OFFICE				
TRANSPORTER OIL				
GAS				
PROPATION OFFICE				
Operator Operator				
Skelly Oil Comp	any			
Address				
P. O. Box 1351,	Midland, Texas 79701			
Reason(s) for filing (Check proper box)		Other (Please explain) Forme	erly Gulf Oil Company-	
New Well	Change in Transporter of:	U.S., S. J. Carr We	ell No. 2	
Recompletion	Oil Dry Gas	5	_	
Change in Ownership X	Casinghead Gas Conden	sate		
If change of ownership give name			•	
and address of previous owner	Gulf Uil Company-U.S., P	. O. Box 670, Hobbs, New M	lexico 88240	
L DECORPTION OF WELL AND I	EACE			
I. DESCRIPTION OF WELL AND I	Well No. Pool Name, Including Fo	ormation Kind of Lease	Lease No.	
Myers Langlie-Mattix Ur	nit 222 Langlie-Mattix	Seven Rivers State, Federal or	ree Fee -	
Location		Queen	, <u> </u>	
Unit Letter E; 1980	Feet From The North Line	e and 660 Feet From The	West	
Line of Section 10 Tow	nship 24S Range	37Е , ммрм, Lea	County	
I. DESIGNATION OF TRANSPORT		S Address (Give address to which approved a	sony of this form is to be sent	
Name of Authorized Transporter of Oil				
Texas-New Mexico Pipeli Name of Authorized Transporter of Cas		P. O. Box 1510, Midland,	Texas /9/01	
El Paso Natural Gas Con		Address (Give address to which approved copy of this form is to be sent)		
	Unit Sec. Twp. Rge.	P. O. Box 1492, El Paso, Is gas actually connected? When	1exas /9999	
If well produces oil or liquids, give location of tanks.	E 10 24S 37E	Yes -	_	
If this production is commingled wit	L	·	· · · · · · · · · · · · · · · · · · ·	
V. COMPLETION DATA	in that from any other lease or poor,	give comminging order number.		
Designate Type of Completio	Oil Well Gas Well	New Well Workover Deepen Pl	ug Back Same Res'v. Diff. Res'v	
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	ubing Depth	
Lievations (D1, RRB, R1, GR, etc.)	Traine of Froducing Formation	rop on, out it is		
Perforations		Di	epth Casing Shoe	
	TUBING, CASING, AND	CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
			· · · · · · · · · · · · · · · · · · ·	
V. TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a) able for this de	fter recovery of total volume of load oil and pth or be for full 24 hours)	must be equal to or exceed top allow	
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, e	tc.)	
Length of Test	Tubing Pressure	Casing Pressure C	hoke Size	
Actual Prod. During Test	Oil-Bbls.	Water-Bbis. G	as - MCF	
GAS WELL	T			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF G	ravity of Condensate	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in) C	hoke Size	
lesting Method (pitot, back pr.)	I doing Pressure (Shut-In)	Cdaing Pleasure (Bude-111)	nore 5126	
CERTIFICATE OF COMPLETE		OU CONSERVATI	ON COMMISSION	
I. CERTIFICATE OF COMPLIANC	∠ C .	OIL CONSERVAT	DIA COMMISSION	
I hereby certify that the rules and r	agulations of the Oil Consequetion	I APPROVED	, 19	
Commission have been complied w	ith and that the information given	Orig. Signed by		
above is true and complete to the	best of my knowledge and belief.			
	·			
		This form is to be filed in com	nlience with put = 1104	
(SIGNED) LELAND FRA	ANZ		e for a newly drilled or deepened	
		It ritte to a reducat for attowant	the a tabulation of the deviation	

(Signature) Leland Franz District Production Manager (Title) April 2, 1974

(Date)

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