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SANTA FE		CONSERVATION COMMISSION	Form C-104 Supersedes Old C-104 and C-116
FILE	REQUES!	FOR ALLOWABLE AND	Effective 1-1-65
U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL O	245
LAND OFFICE	AGTHORIZATION TO TRA	THO OR OLL AND HATORAL C	7 43
TRANSPORTER GAS	-1		
OPERATOR			
PRORATION OFFICE			
Skelly Oil Company			
Address P. O. Box 1351, Midlan	d. Texas 79701		
Reason(s) for filing (Check proper bo		Other (Please explain)	
New Well	Change in Transporter of:		merly Gulf Oil Company-
Recompletion	Oil Dry Go		
Change in Ownership X	Casinghead Gas Conde		
If change of ownership give name	Gulf Oil Company-U.S.	, P. O. Box 670, Hobbs,	New Mexico 88240
and address of previous owner			
DESCRIPTION OF WELL AND	LEASE Well No. Pool Name, Including F	Cormation Kind of Lease	B. N.
Myers Langlie-Mattix U		Seven Rivers Q. State, Federa	2,0
Location	HIL 220 Langile Hallix	Seven Kivers Q. State, 1 edeta	lor Fee Fee
	80 Feet From The South Lir	ne and 1980 Feet From	The West
Line of Section 10 To	wnship 24S Range	37E , NMFM, Le	a County
		•	
Name of Authorized Transporter of O	TER OF OIL AND NATURAL GA	Address (Give address to which appro-	ned copy of this form is to be sent)
Texas New Mexico Pipel		P. O. Box 1510, Midl	
Name of Authorized Transporter of Co		Address (Give address to which approx	
El Paso Natural Gas Co		P. O. Box 1492, E1 P.	
	Unit Sec. Twp. Rge.	Is gas actually connected? Who	
If well produces oil or liquids, give location of tanks.	3 24 24S 37E	Yes	nknown
If this production is commingled w COMPLETION DATA	ith that from any other lease or pool,	give commingling order number:	
	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty, Diff. Resty.
Designate Type of Complete	on – (A)		
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	Tubing Depth
Perforations			Depth Casing Shoe
	TUBING, CASING, AN	D CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
		<u> </u>	<u> </u>
TEST DATA AND REQUEST I		ifter recovery of total volume of load oil epth or be for full 24 hours)	and 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 li,	ft. etc.)
		, , , , , , , , , , , , , , , , , , , ,	· • · · · · •
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	0/1 711-	Water Dhip	Ces VCE
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
CAC WEST T			
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

I. CERTIFICATE OF COMPLIANCE

(SIGNED) LELAND FRANZ

April 4, 1974

District Production Manager

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.

(Signature)

(Title)

(Date)

Leland Franz

OIL CONSERVATION COMMISSION

APPROVED	19
BY	Orig. Signed by
	Les Ciences Presentations

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