

| | | |
|------------------|-----|----|
| DISTRIBUTION | | |
| SA | TA | FE |
| F | E | |
| G.S. | | |
| D OFFICE | | |
| TRANSPORTER | OIL | |
| | GAS | |
| OPERATOR | | |
| PRORATION OFFICE | | |

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-111
Effective 1-1-65

I. Operator
Skelly Oil Company
Address
P. O. Box 1351, Midland, Texas 79701
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
Formerly Gulf Oil Company-U.S., S. J. Carr Well No. 4

If change of ownership give name and address of previous owner
Gulf Oil Company-U.S., P. O. Box 670, Hobbs, New Mexico 88240

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------------------------------|---------------------------|-----------|
| Lease Name | Well No. | Pool Name, Including Formation | Kind of Lease | Lease No. |
| Myers Langlie-Mattix Unit | 249 | Langlie-Mattix Seven Rivers | State, Federal or Fee Fee | - |
| Location Unit Letter N 660 Feet From The South Line and 1980 Feet From The West Line of Section 10 Township 24S Range 37E, NMPM, Lea County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | | | |
|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|------|------|-------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) | | | |
| Texas-New Mexico Pipeline Company | P. O. Box 1510, Midland, Texas 79701 | | | |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) | | | |
| El Paso Natural Gas Company | P. O. Box 1492, El Paso, Texas 79999 | | | |
| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp. | Range |
| | N | 10 | 24S | 37E |
| | Is gas actually connected? | | When | |
| | Yes | | - | |

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

| | | | | | | | | |
|--------------------------------------|-----------------------------|----------|-----------------|----------|-------------------|-----------|-------------|--------------|
| Designate Type of Completion - (X) | Oil Well | Gas Well | New Well | Workover | Deepen | Plug 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 | | Tubing Depth | | | |
| Perforations | | | | | Depth Casing Shoe | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(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)

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

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

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.

(SIGNED) LELAND FRANZ

(Signature) Leland Franz
District Production Manager

April 2, 1974

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY _____ Orig. Signed by
Les Clements

TITLE _____ Oil & Gas Insp.

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.