

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

(Form C-104)
Revised 7/1/57

REQUEST FOR ~~(OIL)~~ - (GAS) ALLOWABLE

New Well
Recompletion

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPPLICATE to the same District Office to which Form C-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Farmington, New Mexico, September 16, 1960
(Place) (Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

Skelly Oil Company **Mexico-Ped "G"**, Well No. **1**, in **SE** $\frac{1}{4}$ **NW** $\frac{1}{4}$,
(Company or Operator) (Lease)
F, Sec. **18**, T. **24N**, R. **6W**, NMPM., **Devils Fork** Pool
Unit Letter

Rio Arriba

Please indicate location:

D	C	B	A
E	F	G	H
L	K	J	I
M	N	O	P

County. Date Spudded **July 1, 1960** Date Drilling Completed **July 18, 1960**
Elevation **6644** Total Depth **6730'** PBTD **6477'**

Top ~~oil~~/Gas Pay **5573** Name of Prod. Form. **Gallup**

PRODUCING INTERVAL -

Perforations **5573-5589**
Open Hole Depth Casing Shoe **6729** Depth Tubing **5580**

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Choke Size _____
Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Choke Size _____

GAS WELL TEST -

Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____

Tubing, Casing and Cementing Record

Size	Feet	Sax
10-3/4	298	300
5 1/2	6715	1050

Method of Testing (pitot, back pressure, etc.): _____

Test After Acid or Fracture Treatment: **2821** MCF/Day; Hours flowed **3**

Choke Size **2 1/2** Method of Testing: **Back pressure**

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): **30,000# sand, 30,000 gallons crude oil**

Casing Tubing Date first new
Press. _____ Press. _____ oil run to tanks _____

Oil Transporter _____

Gas Transporter _____

Remarks: _____

I hereby certify that the information given above is true and complete to the best of my knowledge.
Approved **SEP 19 1960**, 19____ **Skelly Oil Company**
(Company or Operator)

OIL CONSERVATION COMMISSION

By: **(Original Signed Emery C. Arnold)**

Title **Supervisor Dist. # 3**

By: **(Signed) P. E. Cosper**
(Signature)

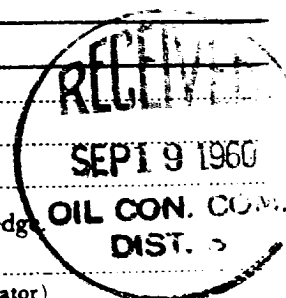
Title **District Superintendent**

Send Communications regarding well to:

SKELLY OIL COMPANY

Name **Box 426 DRAWER 510**

Address **Farmington, New Mexico**



OP

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OIL CONSERVATION COMMISSION		
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