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

## REQUEST FOR (GAS) ALLOWABLE

New Well Recompletion

This form shall be submitted by the operator before an initial allowable will be sedemed to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPLICATE 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.

					Farmin (Plac	gton, Ner	w Mexico	Septemb	er 1, 1960 (Date)
WE ARE HEREBY REQUESTING Skelly Oil Company (Company or Operator)				Far (1	ming "E", We	·ll No3	, i		
K	·	, Sec.	2	T 24N R	W , NMP	M., Unde	aignated.	- Dakota	Pool
•	Letter O App:	iba			6-25-60	_			7 21 60
				County, Date Spude					
Pi	lease inc	dicate le	cation:	Elevation 6491 DF					
D	C	В	A	Top ******Gas Pay_66	2	Name of Erc	od. Form.	Dakota	
				Perforations 4 sl	ots per foo	t 6612 -	66811	(Selectiv	(שום
E	F	G	H	Open Hole NONe		7 4 5			
				OIL WELL TEST -					
L	K	J	I	Natural Prod. Test:	bbls.oi	1	ttls water	inhrs	Choke
	X			Test After Acid or Fi	racture Treatment	t (after reco	overy of vol	ume of oil e	qual to volume of
М	N	0	P	load oil used):	bbls.oil,	5138	s water in _	hrs,	Choke min. Size
				GAS WELL TEST -					
				Natural Proc. Test:_		MCF/Day; Ho	ours flowed	Chok	e Size
Tubing .	Casing a	nd Ceme	nting Recor						
Size OD Feet SAX			_			·			
	<del>)</del>			Test After Acid or Fi					
10-3/	4" 2	270	300	Choke Size 3/4" Method of Testing: Back pressure					
5-1/		360	1050	Acid or Fracture Trea	tment (Give amou	nts of mater	ials used,	such as acid,	water oil, and
		<u> </u>		sand): 27.500# sand & 48.935 gal oil Casing Tubing Date first new Press. Press. 243 oil run to tanks					
2-1/1	6" 69	555							
			<del></del>	Gil Transporter_					
		\		1					
P1:	. Pal-			Gas Transporter R			-		
<b>Remarks</b>		-		packer set at 6589!					
	Shu	tini	or pipe	line connection					*********
							** ****		
I he	reby cer	rtify th	at the info	rmation given above is	true and comp	lete to the b	est of my ki	nowledge.	
Approve o	i	SEF	2 1960	, 19		Skelly 0	il Compa	ау	and the second of the second
				en e		- 1 - 5	Company or	Operator)	
	OIL C	ONSER	VATION	COMMISSION	By: (8	signed) P	, E. CONT		
Original Signed Em				and C. Amald			(Signat	ure)	
By: Supervisor Dist. # 3				MAY WATERING	Title	Title. District Superintendent — ——————————————————————————————————			
Tiele	Super	risor Di	st. # 3	and the second		Send Com	imunication	s regarding	well to:
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					A 1 :	****	(),	む サルバル と	110

STATE OF NEW MEXICO
OIL CONS RVATION COMMISSION
AZT C DISTINCT OFFICE MIMBER OF COT ES RECEIVED

SINTA FE

FILE

U.S.G.S.

LIPPOPRIE TRANSPORTER GAS PRUJATION OFFICE

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