

NUMBER OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
PRODUCTION OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

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

Santa Fe, New Mexico

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

New Well
~~XXXXXXXXXX~~

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.

Hobbs, New Mexico - February 20, 1962

(Place)

(Date)

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

Skelly Oil Company (Company or Operator) **Jicarilla "B"** (Lease), Well No. **22**, in **SW** 1/4 **NW** 1/4, **"E"** Sec. **6**, T. **24-N**, R. **5-W**, NMPM, **Basin Dakota** Pool

Rio Arriba

County **Basin Dakota** Date Spudded **Dec. 27, 1961** Date Drilling Completed **Jan. 9, 1962**

Elevation **6775' DF** Total Depth **7159'** PBDT **7100'**

Please indicate location:

Top Oil/Gas Pay **6965'** Name of Prod. Form. **Dakota**

D	C	B	A
E	F	G	H
#22	Sec. 6		
L	K	J	I
M	N	O	P

PRODUCING INTERVAL -

Perforations **6964-6984' & 6994-7022'**

Open Hole _____ Depth _____ Casing Shoe **7158'** Depth Tubing **7012'**

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____

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

GAS WELL TEST -

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

1850' FNL & 790' FWL

(FOOTAGE)

Tubing, Casing and Cementing Record

Size	Feet	Sax
	Set At	
8-5/8"	303'	300
4-1/2"	7158'	950
2"	7012'	---

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

Test After Acid or Fracture Treatment: **1843** MCF/Day; Hours flowed **3**

Choke Size **3/4"** Method of Testing: **Positive**

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): _____

Casing Press. **512#** Tubing Press. **149#** Date first new oil run to tanks _____

Oil Transporter _____

Gas Transporter **El Paso Natural Gas Co.**

Remarks: **After 3 hr. flow period gas measured 1843 MCF per day flowing through 2" tubing, 3/4" positive choke for a Calculated AOF Potential of 1917 MCF per day, C.P. 512#, T.P. 149#.**

I hereby certify that the information given above is true and complete to the best of my knowledge

Approved **MAR 5 1962**, 19.....

Skelly Oil Company

(Company or Operator)

OIL CONSERVATION COMMISSION

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

Title **Supervisor Dist. # 3**

By: *J. E. Arnold*

(Signature)

Title

Dist. Supt.

Send Communications regarding well to:

Name

Skelly Oil Company

P.O. Box 38-Hobbs, New Mexico

