## 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 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.

					Farmington, New Mexico (Place)	
E AR	E HER	EBY RE	QUEST!!	NG AN ALLOWABLE	FOR A WELL KNOWN AS:	
		OIL CO		A. L.	. Duff, Well No, in	SE
	•	•		T 26N R 131	f, NMPM., Bisti - Gallu	Pc
Unit	Letter	,				
			Juan		d4/15/58. Date Drilling Co	
P	Please in	dicate lo	ration:		Name of Frod. Form.	
D	C	В	A	PRODUCING INTERVAL -		MALLEY
					5001 P - 445 P - 5-45 46	
E	F	G	H		374 with 4 shots per ft. Depth	Depth
			. #8	5.5455	Casing Shoe	Tubing 5790 RB
L	K	J	I	OIL WELL TEST -		Chol
_			_ [	Natural Prod. Test:	bbls.oil,bbls water in	hrs,min. Size
M	Ŋ	0	P	Test After Acid or Frac	cture Treatment (after recovery.of volum	e of oil equal to volume o
M	14	"	P	load oil used): 164	bbls.oil,bbls water in	hrs,min. Size_\$
		<u></u>		GAS WELL TEST -		
-Section 19-268-13W Na				- Natural Prod. Test:	MCF/Day; Hours flowed	Choke Size
ıbing ,	,Casing	and Cemen	ting Recor	Method of Testing (pite	ot, back pressure, etc.):	
Size		Feet I.TM	Sax	Test After Acid or Fra	cture Treatment: MCF	/Day; Hours flowed
OD					thod of Testing:	
0 <b>-3/</b>	4 11	226	250	1		
00 5-1/	/2#	5412	200	<b>S</b> I '	ment (Give amounts of materials used, suc	
				sand): 40 000 20 Casing Tubing	0-40 sand & 40,740 gals. oil	
2" E	38	5382		PressPress.	oil run to tanks 5/11/5	TOTAL TOTAL
				Gil Transporter Kel	lood Corporation	Tablivto \
,			<del> </del>			14 3 4 1 0 4 0 5 0
mark	s:	•••••				
					<u>, , , , , , , , , , , , , , , , , , , </u>	
Ιh	ereby ce	ertify tha	t the info	rmation given above is t	true and complete to the best of my kno	wiedge.
prove	ed	M	AY1619	<u>5</u> ê, 19	SKELLY OIL COMPANY (Company or C	(perator)
		ONCED		COMMISSION	By: [Signed] P. E.	losper
				COMMISSION	(Signatu	
C	rigina)	l Sign	ed Eme	ry C. Arnold	Title District Superint	indext
	Sun		)ist. # 3		Send Communications	regarding well to:
tle	••••••		# 3		Name SKELLY OIL COMPA	<b>io y</b>
					Box 426	
					Address Farmington, New M	Verina

OIL CONSERVATION COMMIS
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