NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (ALLOWABLE

New Well

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.

WE ARE HERBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS: SKELLY OIL COMPANY (Company or Operator) A Sec. 11 T. 26H R. 12W NMPM. Undesignated (Gallup) San Juan Please indicate location: D C B A FRODUCING INTERVAL Perforations 5078-5100' w/A whots per ft. Open Hole None Casing Snoe 6063' Tubing 5116 OIL WELL TEST - Natural Prod. Test: None bbls.oil, bbls water in hrs, min. Test After Acid or Fracture Treatment (after recovery of volume of oil egual to vol Che load oil used): 88 bbls.oil, bbls water in 24 hrs, min. Siz GAS WELL TEST - Natural Prod. Test: Mone bbls.oil, bbls water in 24 hrs, min. Siz GAS WELL TEST - Natural Prod. Test: Mone bbls.oil, bbls water in 24 hrs, min. Siz GAS WELL TEST - Natural Prod. Test: MCF/Day; Hours flowed Che Cheke Size Wethod of Testing: Natural Prod. Test: McF/Day; Hours flowed Cheke Size Wethod of Testing: Natural Prod. Test: Wethod of Testing: Natural Prod. Test: Wethod of Testing: Natural Prod. Testing: MCF/Day; Hours flowed Cheke Size Wethod of Testing: Natural Prod. Testing: MCF/Day; Hours flowed Cheke Size Wethod of Testing: Natural Prod. Test: Wethod of Testing: Natural Prod. Testing: MCF/Day; Hours flowed Cheke Size Wethod of Testing: Natural Prod. Testing: MCF/Day; Hours flowed Cheke Size Wethod of Testing: Natural Prod. Testing: MCF/Day; Hours flowed Date first new Cheke Size Wethod of Testing: Natural Prod. Testing: MCF/Day; Hours flowed Cheke Size Wethod of Testing: MCF/Day; Hours flowed Cheke Size Wethod of Testing: Natural Prod. Testing: MCF/Day; Hours flowed Cheke Size Wethod of Tes		March 31, 1 (Date)		(Place)						
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I hereby certify that the information given above is true and complete to the best of my knowledge. Approved	M.	age.	COMPANY	SKELLY OI						
OIL CONSERVATION COMMISSION By: Signature (Signature)	<u></u>	pel	(Signature	By: D,E	OMMISSION	VATION CO	ONSER	OIL C		
By: Original Medical Charged Arnold Title District Superintendent Send Communications regarding well to:					C. Amold					
Name SKELLY OIL COMPANY Box 426 Address Farmington, New Mexico			426	Box		· · · · · · · · · · · · · · · · · · ·			Title	

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