NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (ALLOWABLE

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.

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Skelly	011.	EBY RI	EQUEST	ING AN ALLOWABL	E FOR A WELL	KNOWN	AS:	Wa	
			,	1.	cocase)				
Umn I	atter	, Sec.	2	, T 261 , R	12W , NMPM	.,Ga	llegos	Gallup	Pool
• · · · · · · · · · · · · · · · · · · ·		San .	Juan	County. Date Spud	dedNov119	ong Dat	e Drilling Co	mpleted I)ec. 11 10/
Plea	Please indicate location:			Elevation 54401	D.F.	otal Depth_	52441	FBTD 52061	
D	C	В	A	Top Oil/G Pay 5	2 44 t	lame of Prod	Form.	allun	
		-		PRODUCING INTERVAL -					
E	F		 	Perforations 5066-	341, 5091-981	& 5116-	35° w/L al	ots ner	# †
-	f	G	H	Open Hole Mane		epth asing Shoe	521.1.t	Depth Tubing	53.544
			ļ	OIL WELL TEST -		_			
L	K	J	#10	Natural Prod. Test:	Mome bbls.oil.	h	hle water to	1	Choke
			***	Test After Acid or F					
М	N	0	P	load oil used):					
				GAS WELL TEST -	2213,011,	1,012	water in	ins, _no_	min. Size Pump
Section		(# 3m							
Tubing ,Car			•••	Natural Prod. Test:_					i ze
Size		cet	Sax	me those of festing (p)					
OD	T	7		Test After Acid or Fr					
10-3/4	4	امدا	475	Choke SizeA	Method of Testing:				
OD		202		Acid or Fracture Trea	tment (Give amounts	of materia	ls used, such	as acid, wa	iter, cil, and
5-1/2	رح ا	231	240	sand): 40,000	ad & L1 690 gr	als. wat	er		
2" EUE	5	146		Casing Tubi Press. Pres					
				Oil Transporter				TIME	`
	<u> </u>			Gas Transporter			(0)	TIVE	
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I hereb	y cert	ify that	t the info	rmation given above is	true and complete	to the best	of my know	PelgeT. 3	
pproved				, 19		COIL CO	MPANY		
						(C	ompany or Ope	erator)	
OI	L CO	NSER	VATION	COMMISSION	By: ISI	red) P.	E. Cosper		
Oris	tina.	Signe	d Eme	ry C. Arnald	* 4		(Signature)		
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itleSu	Pervis	or Dist	#3				unications reg		
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