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TRANSPORTER	OIL	
	GAS	
PRODUCTION OFFICE		
OPERATOR	/	

NEW MEXICO OIL CONSERVATION COMMISSION

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

Santa Fe, New Mexico

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

Workover
~~REVISION~~
~~REVISION~~

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 recompleti~~o~~n. 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 July 19, 1962
(Place) (Date)

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

Skelly Oil Company J. Q. Marshall Well No. 2 in SE 1/4 NW 1/4,
(Company or Operator) (Lease)

Unit Letter F, Sec. 1, T. 27N, R. 9W, NMPM., South Blanco Pool
Workover Workover

San Juan County, Date Spudded 4-3-62 Date ~~REVISION~~ Completed 4-3-62
Elevation 5951' G. L. Total Depth 2248' PBD 2206'

Please indicate location:

D	C	B	A
E	F	G	H
L	K	J	I
M	N	O	P

Top ~~399'~~ Gas Pay 2098' Name of Prod. Form. Pictured Cliffs

PRODUCING INTERVAL -

Perforations 2108' - 2170' w/ 4 shots per foot

Open Hole _____ Depth _____ Casing Shoe 2236' Depth _____ Tubing 2113'

OIL WELL TEST -

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

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

GAS WELL TEST -

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

1490' FWL 1605' FWL
(FOOTAGE)

Tubing, Casing and Cementing Record

O. D.	Feet	Sax
8-5/8"	123'	150
5-1/2"	2225'	150
1.315"	2104'	

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

Test After Acid or Fracture Treatment: _____ MCF/Day; Hours flowed _____

Choke Size _____ Method of Testing: _____

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

Casing Tubing ~~REVISION~~ Date of First Del. of Gas after
Press. Press. ~~REVISION~~ Workover: 4-18-62

Oil Transporter _____

Gas Transporter El Paso Natural Gas Company

Remarks: An intermitter was placed in service on this well to remove the formation water thereby increasing the deliverability from 517 MCF/day to 756 MCF/day as reflected on the 1962 Annual Deliverability Test. Based on this information an increase in allowable is requested.

I hereby certify that the information given above is true and complete to the best of my knowledge.
Approved: _____, 1962

OIL CONSERVATION COMMISSION

By: Original Signed Henry C. Arnold

Title _____

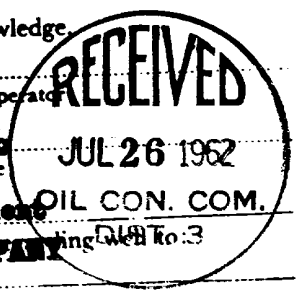
SKELLY OIL COMPANY
(Company or Operator)

By: (ORIGINAL SIGNED) H. E. Azb (Signature)

Title District Superintendent OIL CON. COM.

Name SKELLY OIL COMPANY
Drawer No. 510

Address _____, New Mexico



Faint, illegible text scattered across the top half of the page, possibly bleed-through from the reverse side.