

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New MexicoREQUEST FOR (OIL) - ~~(GAS)~~ ALLOWABLE

New Well

~~Drill~~

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 oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Hobbs, New Mexico

November 12, 1952

(Place)

(Date)

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

Skelly Oil Company State "R", Well No. 6, in NE 1/4 SW 1/4,
(Company or Operator) (Lease)K, Sec. 36, T. 16S, R. 36E, NMPM, Lovington-Abo Pool
(Unit)

Lea County. Date Spudded Sept. 11, 1952, Date Completed November 7, 1952.

Please indicate location:

	K 36		

2310' FWL & 1650' FSL

Casing and Cementing Record

Size Feet Sax

13-3/8	245	245
8-5/8	3290	1200
5-1/2	8454	900

Elevation 3842' Total Depth 8454' P.B. 8438'

Top oil/gas pay 8226' Name of Prod. Form Abo

Casing Perforations: 8310'-8382' or

Depth to Casing shoe of Prod. String —

Natural Prod. Test — BOPD

based on — bbls. Oil in — Hrs. — Mins.

Test after acid or shot 337.78 BOPD

Based on 232.22 bbls. Oil in 16 Hrs. 30 Mins.

Gas Well Potential —

Size choke in inches 20/64"

Date first oil run to tanks or gas to Transmission system: November 7, 1952

Transporter taking Oil or Gas: Texas-New Mexico Pipe Line Co.

Remarks:

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

Approved: _____, 19_____

Skelly Oil Company

(Company or Operator)

By: _____

(Signature)

Title: _____

Dist. Sup't.

Send Communications regarding well to:

Name: _____

Skelly Oil Company

Address: _____

Box 38 - Hobbs, New Mexico

OIL CONSERVATION COMMISSION

By: _____

Title: _____