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NEW MEXICO OIL CONSERVATION COMMISSION

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

Santa Fe, New Mexico

REQUEST FOR (OIL) - [redacted]) ALLOWABLE

O.C.C. ... Well

Jan 31 ... 64 ... [redacted]

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 at 15.025 psia at 60° Fahrenheit.

Hobbs, New Mexico (Place) **January 31, 1964** (Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS

Skelly Oil Company (Company or Operator) **L Van Etten** (Lease), Well No. **11**, in **NE** ¼ **SE** ¼,

"I" (Unit Letter), Sec. **9**, T. **20-S**, R. **37-E**, NMPM, **Monument Tubb** Pool

Lea County. Date Spudded **December 4, 1963** Date Drilling Completed **December 29, 1963**

Please indicate location:

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

Section 9 — #11 •

1980' FSL & 660' FEL (FOOTAGE)

Tubing, Casing and Cementing Record

Size	Feet (Set At)	Sax
8-5/8"	1233'	675
5-1/2"	6877'	549
2"	6556'	—

Elevation **3555' DF** Total Depth **6880'** PBTD **6577'**

Top Oil/[redacted] **6424'** Name of Prod. Form. **Tubb**

PRODUCING INTERVAL -

Perforations **6424-6428, 6474-6478, 6492-6506, 6517-6523, 6527-6533, 6536-6540, 6544-6546, 6549-6552, 6559-6564, 6566-6570**

Open Hole **—** Depth Casing Shoe **6877'** Depth Tubing **6556'**

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): **55** bbls.oil, **3** bbls water in **24** hrs, **—** min. Choke Size **—**

GAS WELL TEST -

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

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): **Treated w/6500 gals. 15% Acid, 15,000 gals. Lse. Oil & 15,000# 20/40 Sand.**

Casing Press. **—** Tubing Press. **—** Date first new oil run to tanks **January 15, 1964**

Oil Transporter **Gulf Oil Corporation**

Gas Transporter **Warren Petroleum Corporation**

Remarks:

Well pumped 55 barrels of oil and 3 barrels of water in 24 hours.

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

Approved ... FEB 3 1964 ..., 19...

Skelly Oil Company (Company or Operator)

OIL CONSERVATION COMMISSION

By: J E Webb (Signature)

By: [signature]

Title: **Dist. Supt.**

Title ......

Send Communications regarding well to:

Name **Skelly Oil Company**

Address **Box 730 - Hobbs, New Mexico**