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NEW MEXICO OIL CONSERVATION COMMISSION  
Santa Fe, New Mexico

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

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

New Well  
~~REVISIONS~~

APR 23 1962

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 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.

Hebbs, New Mexico - April 19, 1962

(Place)

(Date)

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

**Skelly Oil Company** (Company or Operator) **Lea "A"** (Lease), Well No. **13**, in **NE**  $\frac{1}{4}$  **SW**  $\frac{1}{4}$ ,  
**"K"** (Unit Letter), Sec. **14**, **T 17-S**, **R 31-E**, **NMPM**, **Grayburg Jackson** Pool

**Eddy** County. Date Spudded **Jan. 21, 1962** Date Drilling Completed **Feb. 2, 1962**

Please indicate location:

Elevation **3909' DF** Total Depth **3860'** PBD **3854'**

Top Oil/Gas Pay **3593'** Name of Prod. Form. **San Andres**

PRODUCING INTERVAL -

Perforations **3756-58', 3782-85', 3802-06', 3814-17', 3821-24', & 3832-39'**

Open Hole \_\_\_\_\_ Depth \_\_\_\_\_ Casing Shoe **3860'** Depth \_\_\_\_\_ Tubing **3775'**

OIL WELL TEST -

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

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of Choke load oil used): **11** bbls. oil, **0** bbls water in **24** hrs, \_\_\_\_\_ min. 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): **53,466 gals. 1cc. oil & 28,000# 20/40 sand.**

Casing \_\_\_\_\_ Tubing **0** Date first new **April 13, 1962**  
Press. \_\_\_\_\_ Press. \_\_\_\_\_ oil run to tanks

Oil Transporter **Texas-New Mexico Pipe Line Company**

Gas Transporter **Skelly Gasoline Plant**

**1980' FSL & 1960' FWL**  
(FOOTAGE)  
Tubing, Casing and Cementing Record

Size	Feet	Sax
	<b>Set At</b>	
<b>8-5/8"</b>	<b>772'</b>	<b>350</b>
<b>4-1/2"</b>	<b>3860'</b>	<b>485</b>
<b>2"</b>	<b>3775'</b>	<b>0-</b>

Remarks: **Well pumped 11 bbls. of oil in 24 hours.**

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

Approved: **APR 23 1962**, 19.....

**Skelly Oil Company**  
(Company or Operator)

By: **(SIGNED) M. S. Mab**  
(Signature)

OIL CONSERVATION COMMISSION

By: **M. L. Armstrong**

Title: **Dist. Supt.**

Title: **OIL AND GAS INSPECTOR**

Send Communications regarding well to:

Name: **Skelly Oil Company**

Box 38, Hebbs, New Mexico

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NEW MEXICO OIL CONSERVATION COMMISSION  
SANTA FE, NEW MEXICO  
**CERTIFICATE OF COMPLIANCE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS**

**FORM C-110**  
(Rev. 7-60)

FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE

Company or Operator **Skelly Oil Company** Lease **Lea "A"** Well No. **13**

Unit Letter **"K"** Section **14** Township **17-S** Range **31-E** County **Eddy**

Pool **Grayburg Jackson** Kind of Lease (State, Fed, Fee) **Federal**

If well produces oil or condensate give location of tanks Unit Letter **"P"** Section **14** Township **17-S** Range **31-E**

Authorized transporter of oil  or condensate   
**Texas-New Mexico Pipeline Company** Address (give address to which approved copy of this form is to be sent)  
**P.O. Box 1510 - Midland, Texas**

Is Gas Actually Connected? Yes **XXXX** No \_\_\_\_\_

Authorized transporter of casing head gas  or dry gas  Date Connected **4/13/62** Address (give address to which approved copy of this form is to be sent)  
**Skelly Oil Company**  
**Maljamar Gasoline Plant** **P.O. Box 38 - Loco Hills, New Mexico**


If gas is not being sold, give reasons and also explain its present disposition:

**REASON(S) FOR FILING** (please check proper box)

- New Well .....  Change in Ownership .....   
 Change in Transporter (check one) Other (explain below) \_\_\_\_\_  
 Oil .....  Dry Gas .....   
 Casing head gas .  Condensate . .

Remarks

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.  
Executed this the **19th** day of **April**, 19 **62**.

OIL CONSERVATION COMMISSION	By <b>(ORIGINAL SIGNED) H. E. Aab</b>
Approved by 	Title <b>Dist. Supt.</b>
Title <b>OIL AND GAS INSPECTOR</b>	Company <b>Skelly Oil Company</b>
Date <b>APR 20 1962</b>	Address <b>P.O. Box 38 - Hobbs, New Mexico</b>