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

New Well Recoursed

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.

				<b>Hobbs</b> (Pla	•	o — Decen	ber3,	(Date)		
			NG AN ALLOWABL				awan .	./ day 1/		
(Company or Operator)			", W Lesse)	ell No <b>29</b>	, i <b>n</b> .	<b></b>	<b>/4/4</b> ,			
			, T <b>175</b> , R	, NMI	PM.,	cyburg-je	oksen	Pool		
Eddy		····•	County. Date Spud	ded <b>Octobor</b> .	.28,1957Date	Drilling Co	mpleted M	levember 24,		
Please inc			Elevation	2! D.F.	Total Depth	33451	PBTD_	<del></del>		
D C	В	A	Top Oil/Gas PayPRODUCING INTERVAL -		Name of Prod.	Form.	Almirg			
E F	G	H	PerforationsOpen Hole		Depth Span	221.61	Depth	32121		
				<u> </u>	Casing Shoe	3288	rucing_	3664		
LK	J	I	Natural Prod. Test:	bbls.of	il,bb	ols water in	hrs,	Choke min. Size		
×			Test After Acid or 1					Choke		
И	0	P	load oil used):3	bbls.oil,	bbls w	vater in 1	_hrs,	min. Size		
			GAS WELL TEST -							
16501 PSL	A 1980	PML.	_ Natural Prod. Test:		MCF/Day; Hour	s flowed	Choke	Si ze		
bing ,Casing	and Cemen	ting Reco	rd Method of Testing (	pitot, back pres	sure, etc.):					
Size	Feet	Sax	Test After Acid or	Fracture Treatme	nt:	MCF/	Day; Hours	flowed		
	et at		Choke Size	_Method of Testi	ng:					
<u>-5/8°00</u>	6601	150	Acid or Fracture Tre	eatment (Give amo	ounts of materia	ls used, suc	h as acid,	water, oil, and		
7"OD 3	32481 290		sand): <b>Practured</b>	open-hole	te first new	<del>-33451 +</del>	d <del>th 30,</del>	000 Gale. 01		
			Press. Pro							
			Gas Transporter	······································						
marks:					***************************************			•••••		
Flow	M. 344.	berrel	s.oil, no water,	in 19 hour	through	1/2" chok	o, T.P.	250#.		
			***************************************		*******************************	*******************		••••••••••••		
I hereby ce	rtify tha	t the infe	ormation given above	is true and com	plete to the bes	t of my know	wledge.			
proved	DEC	5 195	, 19		Skelly Oil	company or O	perator)			
					By Cumare,					
OIL CONSERVATION COMMISSION					/	(Signatur	e)	(		
y ML armstrong					Title District Superintendant Send Communications regarding well to:					
tle	SAS INSP	EGTOR		 Name.	Skelly 0	L]. Gompan	<b>y</b>			
					ss. Bex 38			.60		
				Addre	55 AWA					

## NEW ML MCO OIL CONSERVATION COMMISSION SANTA FE, NEW MEXICO

(File the original and 4 copies with the appropriate district office)

## CERTIFICATE OF COMPLIANCE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Company	or Operato	r Skelly Oil Company		Lease	
Well No	<b>26</b> t	Unit Letter "K" S 21 7	178 R 318	Pool Grayburg-Jack	isen.
County	Eddy	Kind of Lease	e (State, Fed.	or Patented) Fed	ral
If well pr	oduces oil o	or condensate, give loca	tion of tanks:	UnitS_1T	178 R 11E
Authorize	ed Transpor	ter of Oll or Condensate	e Texas-New M	axice Pipeline Com	erry
Address_			Box 1510 - 1	(idland, Texas	
	(Give ad	dress to which approved	l copy of this f	form is to be sent)	
Authorize	ed Transpor	ter of Gas			
Address_		dress to which approved			
If Gas is	(Give adding so	dress to which approved old, give reasons and al	so explain its	present dispositio	n:
	G	as being vented.			
Reasons f	for Filing:(I	Please check proper box	New Wel	1	<b>(xx</b> )
		er of (Check One): Oil (			
Changa in	ı Ownership		) Other		
Remarks:	-	,	) Other	Give explanation b	elow)
	New Well.				
	_	tifies that the Rules and omplied with.	Regulations o	f the Oil Conserva	tion Com-
Executed	this the 3rd	day of December	19 <b>57</b>		
			Ву	Ja Janu	ne
Approved_	DEC 5	19	Title D	istrict Superinten	iant
OĩL	CONSERVA	ATION COMMISSION	Company	Skelly Oil Compa	ay
ву Мо	l arm	Strong	Address	Box 38 - Hebbs, 1	New Mexico
Title	awo sas laspfo	eme V			