

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well
~~Recompletion~~

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.

Hobbs, New Mexico February 19, 1959
(Place) (Date)

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

Skelly Oil Company Lynch "A" Well No. 12, in SW 1/4 SE 1/4,
(Company or Operator) (Lease)
"ON" Sec. 22, T. 17S, R. 31E, NMPM., Grayburg Jackson Pool

Unit Letter
Eddy

County. Date Spudded Dec. 31, 1958 Date Drilling Completed Feb. 2, 1959

Please indicate location:

D	C	B	A
E	F	G	H
L	K	J	I
M	N	O X #12	P

Elevation 3830' DF Total Depth 3710' PBTD -

Top Oil/Gas Pay 3636' Name of Prod. Form. San Andres

PRODUCING INTERVAL -

Perforations -

Open Hole 3618-3710' Depth Casing Shoe 3618' Depth Tubing 3593'

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): 44 bbls. oil, 0 bbls water in 20 hrs, 0 min. Choke Size 3/4"

GAS WELL TEST -

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

Tubing, Casing and Cementing Record

Size	Feet	Sax
8-5/8"	Set At 751'	150
5-1/2"	3618'	330

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): Fractured w/55,566 gals. lsc. oil & 67,000# sand

Casing Tubing Date first new Press. 350# Press. 0-200# oil run to tanks Feb. 16, 1959

Oil Transporter Texas-New Mexico Pipe Line Co.

Gas Transporter

Remarks: Flowed 44 bbls. new oil in 20 hrs. through 3/4" choke, TP 0-200#, CP 350#

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)

OIL CONSERVATION COMMISSION

By: M.L. Armstrong Title: Dist. Supt.

(Signature)

Send Communications regarding well to:

Name: Skelly Oil Company

Address: Box 38 - Hobbs, New Mexico

Title

(File the original and 4 copies with the appropriate district office) 2-2-1946

CERTIFICATE OF COMPLIANCE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Company or Operator Skelly Oil Company Lease Lynch "A"

Well No. 12 Unit Letter O S 22 T 178 R 31E Pool Grayburg Jackson

County ddy Kind of Lease (State, Fed. or Patented) Federal

If well produces oil or condensate, give location of tanks: Unit K S 22 T 178 R 31E

Authorized Transporter of Oil or Condensate Texas-New Mexico Pipeline Company

Address Box 1510, Midland, Texas
(Give address to which approved copy of this form is to be sent)

Authorized Transporter of Gas NONE

Address " Date Connected "
(Give address to which approved copy of this form is to be sent)

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

Gas Being Vented

Reasons for Filing: (Please check proper box) New Well XXXXXX

Change in Transporter of (Check One): Oil () Dry Gas () C'head () Condensate ()

Change in Ownership () Other ()

Remarks: (Give explanation below)

NEW WELL

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the 19th day of February 19 59

By J. J. Armstrong
Title Dist. Supt.

Approved _____ 19 _____

OIL CONSERVATION COMMISSION

Company Skelly Oil Co.

By M. L. Armstrong

Box 38 - Hobbs, N.M.

Title _____