

NUMBER OF COPIES RECEIVED		DISTRIBUTION	
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
PRODUCTION OFFICE			
OPERATOR			

# NEW MEXICO OIL CONSERVATION COMMISSION

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

Santa Fe, New Mexico

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

NOV 27 1961

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-104 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

November 21, 1961

(Place)

(Date)

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

Skelly Oil Company

Lynch "A"

Well No. 15

in NW 1/4

NE 1/4

(Company or Operator)

(Lease)

"B"

Sec. 22

T. 17-S

R. 31-E

NMPM.

Grayburg Jackson

Pool

Unit Letter

Eddy

County Date Spudded Nov. 7, 1961

Date Drilling Completed Nov. 13, 1961

Please indicate location:

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

660' FNL & 1880' FEL

(FOOTAGE)

Tubing, Casing and Cementing Record

Size	Feet	Sax
8-5/8"	Set at 616'	300
4-1/2"	3794'	400
2"	3451'	—

Elevation 3867' DF

Total Depth 3794'

PBTD 3787'

Top Oil/Gas Pay 3481'

Name of Prod. Form.

San Andres

PRODUCING INTERVAL -

3481-3487', 3496-3508',

Perforations

3514-3526' & 3602-3606'

Open Hole

Depth

Casing Shoe 3794'

Depth

Tubing 3451'

OIL WELL TEST -

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

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of

load oil used): 531 bbls. oil, 0 bbls. water in 24 hrs, 0 min. Size 1"

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): Fractured w/ 60,000 gals. lse. oil & 60,000# 20/40 sand

Casing Press. 50# Tubing Press. - Date first new oil run to tanks November 19, 1961

Oil Transporter Texas-New Mexico Pipe Line Company

Gas Transporter Skelly Oil Company

Remarks:

Well flowed 531 bbls. of oil in 24 hrs. through 1" choke, C.P. 50#.

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. Supt.

Send Communications regarding well to:

Skelly Oil Company

Name

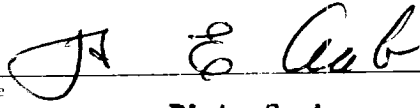
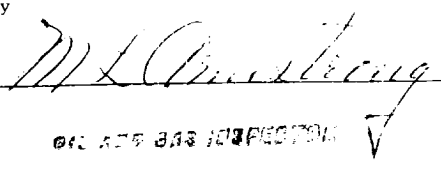
Box 38 - Hobbs, New Mexico

OIL CONSERVATION COMMISSION

By: \_\_\_\_\_

Title

OIL AND GAS INSPECTOR

NUMBER OF COPIES RECEIVED DISTRIBUTION		NEW MEXICO OIL CONSERVATION COMMISSION SANTA FE, NEW MEXICO <b>CERTIFICATE OF COMPLIANCE AND AUTHORIZATION          TO TRANSPORT OIL AND NATURAL GAS</b>		<b>FORM C-110</b> (Rev. 7-60)
FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE				
Company or Operator <b>Skelly Oil Company</b>		Lease <b>Lynch "A"</b>		Well No. <b>15</b>
Unit Letter <b>"B"</b>	Section <b>22</b>	Township <b>17-S</b>	Range <b>31-E</b>	County <b>Eddy</b>
Pool <b>Grayburg Jackson</b>			Kind of Lease (State, Fed, Fee) <b>Federal</b>	
If well produces oil or condensate give location of tanks		Unit Letter <b>"K"</b>	Section <b>22</b>	Township <b>17-S</b>
		Range <b>31-E</b>		
Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/> <b>Texas-New Mexico Pipe Line Company</b>		Address (give address to which approved copy of this form is to be sent) <b>Box 1510 - Midland, Texas</b>		
Is Gas Actually Connected? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
Authorized transporter of casing head gas <input checked="" type="checkbox"/> or dry gas <input type="checkbox"/> <b>Skelly Oil Company</b> <b>Maljamar Gasoline Plant</b>		Date Connected <b>Nov. 19, 1961</b>	Address (give address to which approved copy of this form is to be sent) <b>Box 207 Loco Hills, New Mexico</b>	
If gas is not being sold, give reasons and also explain its present disposition:				
REASON(S) FOR FILING (please check proper box)				
New Well <input checked="" type="checkbox"/> Change in Ownership <input type="checkbox"/> Change in Transporter (check one) Other (explain below) <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casing head gas <input type="checkbox"/> Condensate <input type="checkbox"/>				
RECEIVED NOV 27 1961 O. O. E. DISTRICT OFFICE				
Remarks				
The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.				
Executed this the <u>21st</u> day of <u>November</u> , 19 <u>61</u> .				
OIL CONSERVATION COMMISSION		By 		
Approved by 		Title <b>Dist. Supt.</b>		
Title <b>Oil and Gas Inspector</b>		Company <b>Skelly Oil Company</b>		
Date <b>NOV 27 1961</b>		Address <b>Box 38 - Hobbs, New Mexico</b>		