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NEW MEXICO OIL CONSERVATION COMMISSION

Santa Fe, New Mexico

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

REQUEST FOR (SEE) - (GAS) ALLOWABLE **GAS COMPRESSOR INSTALLATION**

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.

Farmington, New Mexico January 4, 1963
(Place) (Date)

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

Skelly Oil Company W. F. Hurt, Well No. 4, in NW $\frac{1}{4}$ SE $\frac{1}{4}$,
(Company or Operator) (Lease)

J, Sec. 14, T. 25N, R. 3W, NMPM., Tapacita Pool
Unit Letter Compressor Installed: October 30, 1962

Rio Arriba County. Date Spudded Date Drilling Completed

Please indicate location:

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

Elevation 7158' G.L. Total Depth 3894' PBD 3858'

Top Oil/Gas Pay 3813' Name of Prod. Form. Pictured Cliffs

PRODUCING INTERVAL -

Perforations 3813' - 24'; 3822' - 39'

Open Hole Depth Casing Shoe 3891' Depth Tubing 3837'

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): _____ bbls. oil, _____ bbls water in _____ 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): _____

Casing Tubing 3894' Date of first Del. of gas after Compressor Installation 10/31/62
Press. _____ Press. _____

Oil Transporter _____

Gas Transporter Southern Union Gas Company

Remarks: A gas compressor was installed on the W.F. Hurt Lease in Oct. 1962 and our 1962 annual Deliverability test completed in Dec. 1962 was increased to 977 MCF/day as opposed to 258 MCF/day on 1961 Deliverability test. Based on this information an increase in allowable is requested.

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

Approved: JAN 5 1963, 19

OIL CONSERVATION COMMISSION

By: Original Signed by W. B. Smith

Title DEPUTY OIL & GAS INSPECTOR DIST. NO. 3

By: SKELLY OIL COMPANY (Company or Operator)
Title: District Superintendent
Name: Drawer No. 510
Farmington New Mexico

