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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**  
**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.

Farrington, New Mexico January 4, 1962  
(Place) (Date)

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

Skelly Oil Company W. F. Hurt, Well No. 3, in NW 1/4 NE 1/4,  
(Company or Operator) (Lease)  
B Unit Letter, Sec. 14, T. 25N, R. 3W, NMPM, Tapacito Pool  
Compressor Installed: October 30, 1962

County Sandoval Date Spaced Date Drilling Completed

Please indicate location:

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

Elevation 7428' C.L. Total Depth 3996' PBD 3960'

Top Oil/Gas Pay 3904' Name of Prod. Form. Pictured Cliffs

PRODUCING INTERVAL -

Perforations 3904'-20'; 3924'-34'

Open Hole \_\_\_\_\_ Depth \_\_\_\_\_ Casing Shoe 3861' Depth \_\_\_\_\_ Tubing 3908'

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 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 \_\_\_\_\_ 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 1181 MCF/day as opposed to 939 MCF/day in 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 \_\_\_\_\_, 1962

OIL CONSERVATION COMMISSION

By: Original Signed by W. B. Smith

Title SEALY

**SKELLY OIL COMPANY**

(Company or Operator)

By: J. E. La 1962  
(Signature)

**District Superintendent**

Title \_\_\_\_\_ Send Communications regarding well to:

Name **SKELLY OIL COMPANY**

Drawer No. 510

Farrington, New Mexico