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**NEW MEXICO OIL CONSERVATION COMMISSION**  
Santa Fe, New Mexico

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

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

HOBBBS OFFICE O. C. C.

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.

**Abilene, Texas**

**8-12-64**

(Place)

(Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS: **Coastal States Gas Producing Company- Skelly State**, Well No. **5**, in **SE**  $\frac{1}{4}$  **NW**  $\frac{1}{4}$ ,

(Company or Operator)  
**F** **20**

(Lease)  
**33-E**

**Undesignated**

Pool

Unit Letter

**Lea**

County. Date Spudded **7-24-64**

Date Drilling Completed **8-3-64**

Please indicate location:

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

Elevation **4372'** Total Depth **4555'** PBTD

Top Oil/Gas Pay **4429'** Name of Prod. Form. **San Andres**

PRODUCING INTERVAL -

**4429-36', 4438-45'**

Perforations \_\_\_\_\_ Depth \_\_\_\_\_ Depth **4387'**  
Open Hole \_\_\_\_\_ Casing Shoe \_\_\_\_\_ Tubing \_\_\_\_\_

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): **23** bbls. oil, **121** bbls water in **24** hrs, **0** 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): **1000 Gals BDA**

Casing \_\_\_\_\_ Tubing \_\_\_\_\_ Date first new oil run to tanks **August 12, 1964**

Press. \_\_\_\_\_ Press. \_\_\_\_\_

Oil Transporter **McWood Corporation**

Gas Transporter \_\_\_\_\_

Remarks: \_\_\_\_\_

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

Approved: \_\_\_\_\_, 19\_\_\_\_

**COASTAL STATES GAS PRODUCING COMPANY**

(Company or Operator)

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

(Signature)

**Production Superintendent**

Send Communications regarding well to:

**Coastal States Gas Producing Co.**

Address **P. O. Box 385, Abilene, Texas**

**OIL CONSERVATION COMMISSION**

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

Title \_\_\_\_\_