REQUEST FOR (OIL) - (UAS) ALLOWABLE : 3 1 1970 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	Uctobel	25, 177	7
				(Place)			(Date)	
E ARE H	IEREBY R	.EQUESTI	NG AN ALLOWABLE	FOR A WELL KI	NOWN AS:	500.0	1402	
celly O	il Co.		Lea MCM	, Well No.	, i	n #W	4	1/4,
(Ca		weather)	(Le	25¢)				
Eddy			County. Date Spudde	Sept. 16, 195	9 Date Drilling	Completed	Oet. 16,	1955
	e indicate		Elevation 3700 Dr	Tota	1 Depth	PBT		
D	C B	A	Top Oil/Gas Pay34	63 Name	of Prod. Form.	WENDOWN	<u> </u>	
		•	PRODUCING INTERVAL -	3403-3474, 330	0-55W0 & 55	, orc. (
	#2		Perforations	3607-3622° & 3	628-36351			
E	F G	. Н	Open Hole	Casi	ng Shoe 3664	Tubin	3450	
	Sec. 11		OIL WELL TEST -					
L	K J	I	Natural Prod. Test:	bbls.oil.	bbls water	in hr	s, min.	Choke Size
			Test After Acid or Fra					
M	N O	P	load oil used): 257	bble.ail. 0	bble water in	24 hrs.	O Cho	ke 3/4
	į							`
	2000		GAS WELL TEST -					
660 FRI	. & 1980 ¹	FEL	Natural Prod. Test:	MCF/	Day; Hours flowed	Cho	ke Size	
bubing ,Cas	ing and Cem	_	ord Method of Testing (pit	ot, back pressure, e	tc.):			
Size	Feet	SAX	Test After Acid or Fra	cture Treatment:		MCF/Day; Hou	rs flowed	
0_ E / 0#	Set at	\$ 0	Choke Size Me	thod of Testing:		 	-	
8-5/8*			Acid or Fracture Treat	ment (Give amounts o	f materials used.	such as acid	d. water, oil	, and
5-1/2*	36641	350	sand): Fractured 1					
			Casing Press. 270 Tubin	g Date firs	t new Octob	er 25. 1	959	
2W	34.501	 	Oil Transporter To					
		1			o rape mine	401		
			Gas Transporter bbls. of new oil	hammak 3/LW et	oke in 24 hr	s. T. P	. 55#, G.	. P.
.emarks:		Wed 227	DDIR. CI HEM OTT	21.00.31			.	
	270#•	•••••		******	•••••••••••••••••		•••••	
							•••••	- · • • · · · · · · •
I hereb	by certify t	hat the inf	ormation given above is	true and complete t	o the best of my l	inowledge.		
pproved		OC.	I 3.0 . 195 9 , 19	SKelly	Oil Company	r Operator)		
				_ 0	() N	ulæn	/	
OI	IL CONSE	RVATION	OMMISSION	Ву:	(Sign	iture)	<i>f</i>	
n.	19/1	int.		Tite Dist	. Supt.			
j://	× w	nur	T		d Communication	ns regarding	well to:	
itle	01 £	ANB GAS II	espector		ly Oil Compa			
							60	
				Address	x 38, Hobbs,			

Form C-110 Revised 7/1/55

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

CERTIFICATE OF COMPLIANCE AND AUTHORIZATION (10) S THE TOTAL STATE OF THE TOTAL STATE OF

Company or Op	erator Skelly Oil Co.	Lease	Les MCH
•	Unit Letter S 11 7	Time Rair Pool Baldne	on
Well No.			
County Edd	Kind of Leas	e (State, Fed. or Patented)	
If well produce:	s oil or condensate, give loca	ation of tanks:Unit s	1_T_178_R_31E
	insporter of Oil or Condensat		
Address		Box 1510, Midland, Teoms	
(G)	we address to which approved	d copy of this form is to be	sent)
•	insporter of Gas		
Address		Date Conne	
f Gas is not be	ive address to which approved eing sold, give reasons and a	d copy of this form is to be lso explain its present disp	oosition:
No pur	reheser - gas being vented.		
		·	
5 f T:	linguPleage check proper bo	x) New Well	(<u>x</u>)
Reasons for F1	ling:(Please check proper bonsporter of (Check One): Oil) Condensate (
Change in I rai			
Change in Own	ership() Other Give explana	()
Remarks:		(Give explana	ation below,
	•		
			measuration Com-
The undersigne mission have b	ed certifies that the Rules and been complied with.	d Regulations of the Off Co	mservation com
Executed this t	the 26th day of October	19	•
		ву	Jenelase
Approved	OCT 3 0 1959 19_	Title Dist. Supt.	
OIL CON	SERVATION COMMISSION	Companyscelly 611 6	ornerty
By MLC	mustrong		New Mexico
Title	OIL AND GAS INSPECTOR		