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NEW MEXICO OIL CONSERVATION COMMISSION (Form C-104)
 Santa Fe, New Mexico Revised 7/1/57
RECEIVED
 REQUEST FOR (OIL) - (GAS) ALLOWABLE

DEC 29 1960 New Well
 Production

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 QUADRUPPLICATE 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 December 27, 1960
 (Place) (Date)

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

Skelly Oil Company Lea "D", Well No. **6**, in NW 1/4 SE 1/4,
 (Company or Operator) (Lease)
 "J" Sec. **26**, T. **17-S**, R. **31-E**, NMPM., **Grayburg Jackson** Pool
 Unit Letter

Eddy

County. Date Spudded **Nov. 2, 1960** Date Drilling Completed **Dec. 4, 1960**

Please indicate location:

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

Section 26
#6

Elevation **3837' DF** Total Depth **3981'** PBDT **--**

Top Oil/Gas Pay **3876'** Name of Prod. Form. **San Andres**

PRODUCING INTERVAL -

Perforations -

Open Hole **3850-3981'** Depth Casing Shoe **3850'** Depth Tubing **3909'**

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 Choke load oil used): **45** bbls. oil, **25** bbls. water in **24** hrs, _____ min. Size **None**

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/ 1440 bbls. lsc. oil & 50,000# sand by Dowell, Inc.**

Casing _____ Tubing _____ Date first new oil run to tanks **December 24, 1960**
 Press. _____

Oil Transporter **Texas-New Mexico Pipe Line Company**

Gas Transporter **Skelly Oil Company**

Remarks:

Well pumped 45 bbls. oil and 25 bbls. water in 24 hrs.

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

Approved **DEC 29 1960**, 19____, **Skelly Oil Company**
 (Company or Operator)

OIL CONSERVATION COMMISSION

By: **M. L. Armstrong**

Title **OIL AND GAS INSPECTOR**

By: **J. T. Dunaway**
 (Signature)

Dist. Supt.

Title _____

Send Communications regarding well to:

Name **Skelly Oil Company**

Box 36 - Hobbs, New Mexico

Address _____

[illegible]

NUMBER OF COPIES RECEIVED DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE TRANSPORTER OIL GAS PRORATION OFFICE OPERATOR		NEW MEXICO OIL CONSERVATION COMMISSION SANTA FE, NEW MEXICO CERTIFICATE OF COMPLIANCE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS <div style="text-align: right; font-weight: bold;">RECEIVED</div> <div style="text-align: right; font-weight: bold;">DEC 29 1960</div>		FORM C-110 (Rev. 7-60)
FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE				
Company or Operator Skelly Oil Company			Lease Lea #5 ARKIANA OFFICE	Well No. 6
Unit Letter "J"	Section 26	Township 17-S	Range 31-E	County Eddy
Pool Grayburg Jackson			Kind of Lease (State, Fed, Fee) Federal	
If well produces oil or condensate give location of tanks		Unit Letter "G"	Section 26	Township 17-S
				Range 31-E
Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/> Texas-New Mexico Pipe Line Company			Address (give address to which approved copy of this form is to be sent) Box 1510 - Midland, Texas	
Is Gas Actually Connected? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
Authorized transporter of casing head gas <input type="checkbox"/> or dry gas <input type="checkbox"/> Skelly Oil Co. - Maljamar Gasoline Plant 12/24/1960		Date Connected 12/24/1960	Address (give address to which approved copy of this form is to be sent) Box 207 - Loco Hills, New Mexico	
If gas is not being sold, give reasons and also explain its present disposition:				
<div style="text-align: center; font-weight: bold;">REASON(S) FOR FILING (please check proper box)</div> <div style="display: flex; justify-content: space-between;"> <div> New Well <input checked="" type="checkbox"/> Change in Transporter (check one) Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casing head gas . <input type="checkbox"/> Condensate.. <input type="checkbox"/> </div> <div> Change in Ownership <input type="checkbox"/> Other (explain below) </div> </div>				
Remarks				
The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.				
Executed this the 27th day of December , 19 60				
OIL CONSERVATION COMMISSION			By	
Approved by M L Armstrong			J. N. Sunday	
Title OIL AND GAS INSPECTOR			Title Dist. Supt.	
Date DEC 29 1960			Company Skelly Oil Company	
			Address Box 36 - Hobbs, New Mexico	

OIL CONSERVATION COMMISSION	
ALBERTA DEPARTMENT OF MINES	
No. Quota Permitted	5
DATE	
OPERATOR	
SANITARY	
PRODUCTION QUOTA	
STATE LAND	
U. S. G. S.	
TRANSPORTER	624
FILE	
BUREAU OF MINES	