

REQUEST FOR (OIL) - (GAS) ALLOWABLE

1955 New Well
RECEIVED

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

July 7, 1959

(Place)

(Date)

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

Skelly Oil Company

Lea "B"

Well No. 6, in NE 1/4 NW 1/4,

(Company or Operator)

(Lease)

"C" Sec. 26, T. 17-S, R. 31-E, NMPM, Grayburg Jackson Pool

Unit Letter

Eddy

County. Date Spudded May 14, 1959 Date Drilling Completed June 24, 1959

Please indicate location:

Elevation 3846' DF Total Depth 3738' PBTD 3662'

Top Oil/Gas Pay 3556' Name of Prod. Form Premier of Grayburg

PRODUCING INTERVAL -

Perforations 3555-62', 3608-13', 3622-33' & 3639-42'

Open Hole Depth 3681' Casing Shoe 3549' Tubing

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 load oil used): 552 bbls. oil, 0 bbl's water in 24 hrs, 0 min. Size 3/4" Choke

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/ 1182 bbls. lse. oil and 108,000# sand.

Casing Tubing Date first new Press. 370# 40# oil run to tanks July 4, 1959

Oil Transporter Texas-New Mexico Pipe Line Co.

Gas Transporter None

Remarks: Well flowed 552 bbls. of oil through 3/4" choke in 24 hrs., T.P. 40#, C.P. 370#.

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

Approved JUL 9 1959, 19

Skelly Oil Company

(Company or Operator)

By:

(Signature)

Title

Dist. Supt.

Send Communications regarding well to:

Name

Skelly Oil Company

Address

Box 38 - Hobbs, N. M.

OIL CONSERVATION COMMISSION

By:

OIL AND GAS INSPECTOR

Title

OIL CONSERVATION COMMISSION
ARTERIA DISTRICT OFFICE

No. Control 4

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