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

## REQUEST FOR (OIL) - (CAS) ALLOWABLE

New Well

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.

				•		(Place)	M0X1.00	and to	(Date)
			-			R A WELL KN		talen.	The W
(Company or Operator)				(Lene)	, Well No	, in.		1/4	
	•	•	•				Greyburg-Ja	denon /	D
Unit	Letter	, 566	. <del>100 (</del>	,	, K	, IN IVER IVE.,			P00
	ddy		· · · · · · • • • • • • • · · · · ·				Date Drilling		
Pl	lease inc	dicate lo	cation:	Elevation	3618' D	Total	Depth 3673!	PBTD	
		· · · · · · · · · · · · · · · · · · ·		Top Oil/Gas	Pay 3562	Name o	of Prod. Form.	Grerbur	
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	×		<b>1</b>						
E	F	G	H	Perforation		Depth		Depth	- 4000
_	_	-	-	Open Hole	3612-3673	Casing	Shoe 3612'	Tubing	36021
				OIL WELL TE	<u>st</u> -				
T	K	J	I	Noture 1 Pro	—	bble oil	bbls water i	. h	Choke
M	N	0	P				r recovery of volum	•	
*	24	ľ	•	load oil use	ed): <u>180</u> b	bls.oil,	bbls water in	hrs, <u>0</u>	min. Size
			<u> </u>	GAS WELL TE	<u>st</u> -				
6601	PEL A	1900	PML.	Notional Date	<del></del>	MCE /D.	y; Hours flowed	Challa A	
			•	_				· · · · · · · ·	
			ting Reco	Method of Te	esting (pitot,	back pressure, etc	s.):		
Size	_ ,	Feet	Sax	Test After	Acid or Fractur	re Treatment:	MCI	Day; Hours	lowed
a. u Jai		-47	16.000	Choke Size	Method	of Testing:		·	<del></del>
2-5/1		***	159	-					
7"00	34	6321	345	Acid or Frac	ture Treatment	(Give amounts of	materials used, su	ich as acid, w	ater, oil, and
<u> </u>						Date first	an all & 70,0	100% Same	by Montorn
		l		Casing Press.	Tubing Press	oil run to	tanks tanks	5. 1954	_, <u> </u>
***				Oil Transpor	ter Terre	Her Merrico P	incline Compo		
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	91.		lo Para	Gas Transpor		the through 1	/4º Chelco,	<del> </del>	
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I he	reby ce	rtify tha	t the into	mation given	above is true	and complete to	the best of my kno	owledge.	
proved	1	JUL	3 8 19	5g ·	, 19	Si	elly Oil Com		
pp.oved	•			•		Z).	Company or	Operator)	
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						Address Box	32 - Hobbs.	Long Marriage	

OIL CONSERVATION COMMISSION ARTERIA DISTRICT OFFICE	
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## NEW MEXICO OIL CONSERVATION COMMISSION SANTA FE, NEW MEXICO

Form C-110 Revised 7/1/55

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

## CERTIFICATE OF COMPLIANCE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Company or Operator Skelly 011 C	outer)	Lease Lynch "F"
Well No Unit Letter S	27 <sub>T</sub> 178 <sub>R</sub> 311 <sub>Pool</sub>	Greyburg-Jackson
County Kind of		Patented) Federal
If well produces oil or condensate give	ve location of tanks: Unit	S 27 T178 R 31.5
Authorized Transporter of Oil or Con-	densate Texas-Her Mexic	Pipeline Company
	Por 1610 - M41	and. Yerra
Address (Give address to which ap	proved copy of this form	is to be sent)
Authorized Transporter of Gas		
Address (Give address to which ap	proved copy of this form	is to be sent)
If Gas is not being sold, give reasons		
Gas being V	mted	
Reasons for Filing:(Please check proj	per box) New Well	( *)
Change in Transporter of (Check One)		
, and the control of		
Change in OwnershipRemarks:	( ) Other	( )
Remarks:	(Give	e explanation below)
,		
New Well.		
The undersigned certifies that the Rul	es and Regulations of th	e Oil Conservation Com-
mission have been complied with.		
Executed this the 16th day of	<b>y</b> 19 <b>56</b>	
Drecuted this the arm day of		
	Ву	110x fulue
	700	
Approved J. 3.358	_19 Title	ict Superintendens
OIL CONSERVATION COMMISS	ION Company	kelly Gil Gempany
By ML amstrone	Address	z 38 – Hobbs, Hor Maxiso
Title AIL AND GAS INSPECTOR		
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