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# NEW MEXICO OIL CONSERVATION COMMISSION

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

Santa Fe, New Mexico

## REQUEST FOR (GAS) - (GAS) ALLOWABLE WORKOVER

**RECEIVED**  
**1963**

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.

Farmington, New Mexico  
(Place)

January 3, 1963  
(Date)

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

Skelly Oil Company  
(Company or Operator)

Jicarilla "C"  
(Lease)

Well No. 5, in NW  $\frac{1}{4}$  SE  $\frac{1}{4}$ ,

J, Sec. 28, T. 25N, R. 5W, NMPM., South Blance Pool

Unit Letter

Rio Arriba

County Date workover 10/23/62

Date workover Completed 10/25/62

Elevation 6639' G.L. Total Depth 2758' PBTD 2715'

Top Oil/Gas Pay 2666' Name of Prod. Form. Pictured Cliffs

Please indicate location:

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

PRODUCING INTERVAL -

Perforations 2666' - 2710'

Open Hole \_\_\_\_\_ Depth \_\_\_\_\_ Casing Shoe 2721' Depth \_\_\_\_\_ Tubing 2682'

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 Choke load oil used): \_\_\_\_\_ bbls.oil, \_\_\_\_\_ bbls water in \_\_\_\_\_ hrs, \_\_\_\_\_ 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): \_\_\_\_\_

Casing \_\_\_\_\_ Tubing \_\_\_\_\_ RECEIVED Date of first Del. of gas after workover: 10/31/62  
Press. \_\_\_\_\_ Press. \_\_\_\_\_

Oil Transporter \_\_\_\_\_

Gas Transporter El Paso Natural Gas Company

Remarks: This well was cleaned out from 2700' to 2715' and the 2-3/8" OD EUE tubing was replaced with 1-1/2" EUE tubing. This remedial work increased the deliverability of this well from 30 MCF/day to 39 MCF/day. Based on this information an increase in allowable is requested.

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

Approved: 1963 \_\_\_\_\_, 19\_\_\_\_

**SKELLY OIL COMPANY**

(Company or Operator)

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

(Signature)

Title District Superintendent

Send Communications regarding well to:

**SKELLY OIL COMPANY**

Drawer No. 510

Address Farmington, New Mexico

OIL CONSERVATION COMMISSION

By: Original Signed By W. B. Smith

Title \_\_\_\_\_

