REQUEST FOR (GAS) 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 oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

					Farmington, New Me	xice Me	(Date)	
WE ARE	HEREE	BY RE	QUESTING	G AN ALLOWABLE	FOR A WELL KNOWN A	S:	,	
Skelly	011 Cc	mpan	7		Well No. 14	, in NE	1/4,	
	Company (-			se) , NMPM., Undesi ;	mated (Mesaverde	Pool	
Unit	Letter							
				County. Date Spudded	January 31, 1957Dat	e Completed	1 11, 1957	
Ple	ease indi	cate lo	cation:					
D	C	В	A	Elevation 6711	Total Depth. 73	95¹ , P.B. 7 3	3191	
E F G H Top gas pay 7021				Top gas pay	7024 Name of	Prod. FormDako	A	
		4.		Casing Perforation	ns: 70241-70581		or	
ŗ	K	J	I	Depth to Casing sl	Depth to Casing shoe of Prod. String			
M	N	O	P	Natural Prod. Test			BOPD	
				based on	bbls. Oil in	Hrs	Mins.	
	27-25 H -			Test after acid or	shot Well was san!-	raced	B OPD	
Oneir Size	-	e menti z et	Sax	Based on	bbls. Oil in	Hrs	Mins.	
10-3/4		200	200	Gas Well Potentia	2,300 MCFGPD & 28	bbls, condensate		
5-1/2		122	300	Size choke in inch	es		TUIN	
7-1/2	~ <i>13</i>	56	600	Date first oil run t	o tanks or gas to Transmissio	n system:		
				Transporter taking	or Gas: El Paso Nat	ural Gas Company	Dr. Con	
<u> </u>	<u> </u>			•	f condensate: E.B.	1	r States	
Remarks:								
					•••••			
I her	eby certi	ify tha	t the inform	nation given above is t	rue and complete to the best	of my knowledge.		
				, 19	Skelly 011 Compa			
				OMMISSION	By: (Signed) P.	E. Cosper (Signature)		
_{By:} Ori	ginal 3	Signe	d Emery	C. Arnold	Title District St	perintendent		
					Send Commu	nications regarding we	ll to:	
ı itle			<u>#Y</u>		Name SKELLY OIL	COMPANY		
					Box 424			
					Address	. New Verlac		

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