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# NEW MEXICO OIL CONSERVATION COMMISSION

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

Santa Fe, New Mexico

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

~~XXXXXXXXXX~~  
~~XXXXXXXXXX~~

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 January 3, 1963

(Place)

(Date)

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

Skelly Oil Company Lydia Rents, Well No. 5, in SE  $\frac{1}{4}$  SE  $\frac{1}{4}$ ,  
(Company or Operator) (Lease)

P, Sec. 20, T. 25N, R. 3W, NMPM., South B. Lanes Pool  
Unit Letter

Bio Arriba

County workover Date 10/22/62 Date workover Completed 10/23/62

Please indicate location:

Elevation 7355' G.L. Total Depth 3962' PBDT

Top Oil/Gas Pay 3778' Name of Prod. Form. Pictured Cliffs

### PRODUCING INTERVAL -

Perforations 3778'-83'; 3789'-94'; 3804'-19'

Open Hole \_\_\_\_\_ Depth \_\_\_\_\_ Casing Shoe 3962' Tubing 3806'

### 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 \_\_\_\_\_ ~~XXXXXXXXXX~~ Date of first Del. of gas after workover: 10/25/62  
Press. \_\_\_\_\_ Press. \_\_\_\_\_

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

Gas Transporter El Paso Natural Gas Company

Remarks This well was cleaned out from 3837' - 3922' 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 58 MCF/day to 69 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 JAN 8 1963, 19\_\_\_\_\_  
1963

**SKELLY OIL COMPANY**

(Company or Operator)

OIL CONSERVATION COMMISSION

By: Original Signed by W. B. Smith

Title DEPUTY OIL & GAS INSPECTOR DIST. NO. 3

By: E. C. [Signature] JAN 9 1963  
(Signature)

Title District Superintendent

Send Communications regarding oil

Name SKELLY OIL COMPANY

Drawer No. 510

Address Farmington, New Mexico

