NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (CAS) ALLOWABLE

New Well Recompletion

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.

	Oil Comp	any	Mexico-Fed "J" , Well No. 1 , in SE 1/4 WW 1/4,
F			T 25N , R SW , NMPM, Undesignated - Dakota Pool
-			
			County. Date Spudded August 10, 1960pate Drilling Completed September 7, Elevation 6433 DF Total Depth 6645 PBTD 6610
Please indicate location:		ocauon:	Top Oil/GEX Pay 63028 Name of Prod. Form. Dakota
D	C B	A	PRODUCING INTERVAL -
			Perforations 6302-6311, 6311-6312 and 6312 - 6314
E	F G	H	Depth Depth Open Hole Casing Shoe 6642 Tubing 6339
	•		OIL WELL TEST -
L	K J	I	Choke Natural Prod. Test:bbls.oil,bbls water inhrs,min. Size
		-	Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of
M	N O	P	load oil used): 147 bbls.oil,bbls water in 24 hrs,min. Size 24/64
			GAS WELL TEST -
			Natural Prod. Test: MCF/Day; Hours flowed Choke Size
Mng Cas	ing and Ceme	nting Reco	
Size	Feet	Sax	Test After Acid or Fracture Treatment: MCF/Day; Hours flowed
			Choke Size Method of Testing:
10-3/4 301		350	
5-1/2	6642	450	Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and
			sand): Sand Frac with 12.700# sand and 25,410 gallons crude oil Casing Tubing Date first new
			Casing Tubing Date first new Press. Press. oil run to tanks September 20, 1960
			Oil Transporter Mc Woods Corp.
		l	Gas Transporter
marks:		•••	
marks:		•••••••••••••••••••••••••••••••••••••••	
			AECTI)
I hereb	y certify th	at the infe	ormation given above is true and complete to the best of my knowledge.
I hereb	y certify th	at the infe	ormation given above is true and complete to the best of my knowledge. 23. SEP 2 6 1969 60 Skelly Oil Company or Officers (Company or Officers)
I hereb	y certify th	at the info	ormation given above is true and complete to the best of my knowledge. 23. SEP 2 6 1969 60 Skelly Oil Company or Office (Company or Office) 8 1960 (Bigned) P. E. Conput 26 1960
I hereb proved	y certify the Se	at the infe ptember	commation given above is true and complete to the best of my knowledge 23. SEP 2 6 1969 60 Skelly 011 Company (Company or Office) 6 1960 (Signature) CON. COM.
I hereb proved	y certify the Se	at the infe ptember	Company or Officer (Signature) DIST 3 Title District Superint and complete to the best of my knowledge (Signature) DIST 3 To Company or Officer (Signature) DIST 3 Title District Superint and complete to the best of my knowledge (Signature) (Company or Officer (Signature) DIST 3 Title District Superint and complete to the best of my knowledge (Signature) (Company or Officer (Signature) DIST 3 Title District Superint and complete to the best of my knowledge (Signature) (Company or Officer (Signature) (Company or Officer (Signature) DIST 3 Title District Superint and complete to the best of my knowledge (Signature) (Company or Officer (Signature) (Company or
I hereb proved OI	y certify th Se L CONSER	at the info ptember EVATION ed Eme	commation given above is true and complete to the best of my knowledge 23. SEP 2 6 1969 60 Skelly 0il Company (Company or Office) 6 1960 (Signature) CON. COM. Sept. Communications regarding ment to:
I hereb proved OI	y certify the Se	at the info ptember EVATION ed Eme	Company or Officer Bigned P. E. Company or Officer E. Company or Officer Company or O