

NUMBER OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
PRODUCTION OFFICE	
OPERATOR	

# NEW MEXICO OIL CONSERVATION COMMISSION

Santa Fe, New Mexico

Form C-104  
Revised 7/1/57

## REQUEST FOR ~~(OIL)~~ - (GAS) 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.

Farmington, New Mexico July 19, 1962  
(Place) (Date)

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

**Skelly Oil Company** **Marshall "B"** Well No. **1**, in **NE**  $\frac{1}{4}$  **SE**  $\frac{1}{4}$ ,  
(Company or Operator) (Lease)

**I** Sec. **14**, T. **27N**, R. **9W**, NMPM, **South Blanco** Pool  
Unit Letter

**San Juan** **Workover** **Workover**  
County Date **Spent** **4-3-62** Date **Revised** Completed **4-3-62**

Please indicate location:

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

Elevation **6063'** G. L. Total Depth **2178'** FETD **2125'**

Top ~~Oil~~/Gas Pay **2058'** Name of Prod. Form. **Pictured Cliffs**

### PRODUCING INTERVAL -

Perforations **2064 - 2122'** w/ **4 shots per foot**

Open Hole Depth **2172'** Depth **2069**  
Casing Shoe Tubing

### OIL WELL TEST -

Natural Prod. Test: \_\_\_\_\_ bbls. oil, \_\_\_\_\_ bbls. water \_\_\_\_\_ hrs, \_\_\_\_\_ min. Choke Size \_\_\_\_\_

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of Choke load oil used). \_\_\_\_\_ bbls. oil, \_\_\_\_\_ bbls. water \_\_\_\_\_ hrs, \_\_\_\_\_ min. Choke 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 Press. \_\_\_\_\_ Tubing Press. \_\_\_\_\_ ~~XXXXXXXXXX~~ Date of First Del. of Gas after ~~XXXXXXXXXX~~ Workover: **5-1-62**

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

Gas Transporter **El Paso Natural Gas Company**

Remarks: **An intermitter was placed in service on this well to remove the formation water thereby increasing the deliverability from 144 MCF/day to 205 MCF/day as reflected on the 1962 Annual Deliverability Test. 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 **JUL 26 1962**, 19\_\_\_\_

**SKELLY OIL COMPANY**

(Company or Operator)

OIL CONSERVATION COMMISSION

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

Title \_\_\_\_\_

By: **(ORIGINAL) L. E. Arb**  
(Signature)

Title **District Superintendent**

Send Communications regarding well to: **SKELLY OIL COMPANY**

Name **Drawer No. 510**

Address **Farmington, New Mexico**

