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NEW MEXICO OIL CONSERVATION COMMISSION

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

Santa Fe, New Mexico

REVISED

REQUEST FOR (PHH) - (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 QUADRUPPLICATE 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 recompleto: 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)

July 19, 1962
(Date)

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

Skelly Oil Company Marshall "A", Well No. 3, in. SW $\frac{1}{4}$. NE $\frac{1}{4}$,
(Company or Operator) (Lease)

G, Sec. 15, T. 27N, R. 9W, NMPM, South Blanco Pool
Unit Letter

San Juan County. Date Workover 4-3-62 Date Workover Completed 4-3-62

Please indicate location:

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

Elevation 6124' G. L. Total Depth 2245' FBTD 2215'

Top ~~Gas~~ Pay 2130' Name of Prod. Form. Pictured Cliffs

PRODUCING INTERVAL -

Perforations 2136 - 2195' w/ 4 shots per foot

Open Hole _____ Depth _____
Casing Shoe 2235' Tubing 2144'

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 Press. _____ Tubing Press. _____ ~~XXXXXXXXXX~~ Date of First Del. of Gas after Workover: 4-30-62

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 112 MCF/day to 147 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

SKELLY OIL COMPANY

(Company or Operator)

By: (ORIGINAL SIGNED) H. E. Ash
(Signature)

Title: District Superintendent

Name: SKELLY OIL COMPANY

Address: Drawer No. 810

Farmington, New Mexico

OIL CONSERVATION COMMISSION

By: Ernest C. Arnold

Title: _____

