

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

REQUEST FOR (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
(Place)

September 12, 1961
(Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS

Skelly Oil Company
(Company or Operator)

Marshall "A" Well No. 6, in NW $\frac{1}{4}$, NW $\frac{1}{4}$,
(Lease)

D Sec. 14, T. 27N, R. 9W, NMPM., Blanco - Mesaverde Pool
Unit Letter

San Juan

County. Date Spudded April 30, 1961 Date Drilling Completed May 7, 1961

Please indicate location:

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

Sec. 14-27N-9W

Elevation 6053' DF Total Depth 4500' PBTD 4463'

Top ~~rock~~/Gas Pay 4327' Name of Prod. Mesaverde

PRODUCING INTERVAL -

Perforations 4327-4379', 4388-4400' & 4407-4424' w/4 holes per foot.

Open Hole None Depth 4487' Depth 4408'
Casing Shoe Tubing

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls. water in _____ hrs, _____ min. Choke Size _____

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): _____ bbls. oil, _____ bbls. water in _____ hrs, _____ min. Choke Size _____

GAS WELL TEST -

Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____

Tubing, Casing and Cementing Record

Method of Testing (pitot, back pressure, etc.): _____

Size OD Feet Sax

Test After Acid or Fracture Treatment: 3679 MCF/Day; Hours flowed 3

Choke Size 3/4" Method of Testing: Back pressure

<u>8-5/8"</u>	<u>187</u>	<u>150</u>
<u>4-1/2"</u>	<u>4491</u>	<u>300</u>
<u>2 3/8</u>	<u>4 1/2</u>	

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 50,000# sand and 50,000 gallons water

Casing _____ Tubing _____ Date first new
Press. _____ Press. _____ oil run to tanks _____

Oil Transporter _____

Gas Transporter El Paso Natural Gas Company

Remarks: _____

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved: _____, 19____

SKELLY OIL COMPANY

(Company or Operator)

OIL CONSERVATION COMMISSION

By: Bl. Halley
Signature

By: _____

Title DISTRICT FOREMAN

Send Communications regarding well to

Title _____

Name SKELLY OIL COMPANY

Address Box 426 P. O. Drawer 510 Farmington, New Mexico