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# NEW MEXICO OIL CONSERVATION COMMISSION

Santa Fe, New Mexico

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

## REQUEST FOR ~~REVISION~~ (GAS) ALLOWABLE

Workover  
Fracture  
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** **Nellie Platano**, Well No. **2**, in **SE**  $\frac{1}{4}$  **SE**  $\frac{1}{4}$ ,  
(Company or Operator) (Lease)  
**P**, Sec. **10**, T. **27N**, R. **9W**, NMPM., **South Blance** Pool  
Unit Letter **Workover** **Workover**  
**San Juan** County. Date ~~SPRINGER~~ **4-3-62** Date ~~REVISION~~ Completed **4-3-62**  
Elevation **6056'** G. L. Total Depth **2210'** PBTD **2177'**

Please indicate location:

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

**990' FSL & 990' FEL**  
(FOOTAGE)

Tubing, Casing and Cementing Record

Size	Feet	Sax
8-5/8"	136' 5"	150
5-1/2"	2196' 5"	150
1.315"	20 85'	

Top ~~XXX~~ Gas Pay **2091'** Name of Prod. Form. **Pictured Cliffs**

### PRODUCING INTERVAL -

Perforations **2092 - 2150'** w/ **4 shots per foot**

Open Hole \_\_\_\_\_ Depth \_\_\_\_\_ Casing Shoe **2209'** Depth \_\_\_\_\_ Tubing **2096'**

### OIL WELL TEST -

Natural Prod. Test: \_\_\_\_\_ bbls. oil, \_\_\_\_\_ bbls water in \_\_\_\_\_ hrs, \_\_\_\_\_ min. 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 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 ~~XXXXXXXXXX~~ Workover: **4-10-62**  
Press. \_\_\_\_\_ Press. \_\_\_\_\_

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 140 MCF/day to 206 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**

(ORIGINAL Company or Operator)  
(SIGNED) **H. E. Lab**

OIL CONSERVATION COMMISSION

Original Signed **Emery C. Arnold**

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

Title \_\_\_\_\_

By: \_\_\_\_\_ (Signature)

Title **District Superintendent** **CON. COM.**

Name **Drawer No. 510**

Address **Farmington, New Mexico**

