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NEW MEXICO OIL CONSERVATION COMMISSION
 Santa Fe, New Mexico
REQUEST FOR (OIL) - (GAS) ALLOWABLE

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

Workover
~~Recompletion~~
~~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)

July 19, 1962
 (Date)

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

Skelly Oil Company Nellie Platero, Well No. 1, in NW $\frac{1}{4}$ SW $\frac{1}{4}$,
 (Company or Operator) (Lease)
L, Sec. 10, T. 27N, R. 9W, NMPM., South Blanco Pool
 Unit Letter

San Juan County, Date Spud 4-3-62 Date Revised Completed 4-3-62
 Workover Workover

Please indicate location:

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

Elevation 6107' G. L. Total Depth 2230' PBD

Top ~~xxx~~ Gas Pay 2114' Name of Prod. Form. Pictured Cliffs

PRODUCING INTERVAL -

Perforations 2124 - 2156' w/ 4 shots per foot

Open Hole _____ Depth _____ Casing Shoe 2214' Depth _____ Tubing 2123'

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 _____ Tubing _____ ~~xxxxxxx~~ Date of First Del. of Gas after Workover: 4-16-62.
 Press. _____ Press. ~~xxxxxxx~~

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 299 MCF/day to 562 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: _____

By: (ORIGINAL SIGNED) H. E. Aab JUL 26 1962
 (Signature)

Title: District Superintendent DIST. 3

Send Communications regarding well to:

Name: SKELLY OIL COMPANY

Address: Drawer No. 610

Farmington, New Mexico