NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

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

REQUEST FOR (GAS) ALLOWABLE

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, provide i 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.

					Farmingt (Place	on, New Mexico	Marc	h 10, 1959 (Date)
			-	NG AN ALLOWABLE				
SKELL	Y OIL (Company	COMPAN y or Oper	Y ator)	Charley_(Pah , Wel Lease)	ll No <u>1</u> , i	n	4
Unit	Letter	, Sec	12	, T , R	9W , NMPN	M.,South Bla	nco (P.G.))Pcol
		San J	uan	County. Date Spude	dedOct16,	1953 Date Drilling	Completed }	iov. 6, 1953
	Please inc		_	Elevation 5973	D.F.	_Total Depth2156	PBTD_	
D	С	В	Ā	Top Gas Pay	2037!	_Name of Prod. Form	Picture	Cliffe
	J			PRODUCING INTERVAL -				
	779			Perforations None				
E	F . #1	G	H	Open Hole 2050	_21561	Depth Casing Shoe 2050	Depth Tubing	2091!
				OIL WELL TEST -		•		, -
L	K	J	I		bbls.oil	,bbls water	in hre	Choke
:						(after recovery of vol		
М	N	0	P			bbls water in	·	:::oke
						DATE HOLD IN		
		<u> </u>	<u> </u>	GAS WELL TEST -				
			 		·	_MCF/Day; Hours flowed	Shoke	Size
	•		ting Recor	, ···		re, etc.):		
Size	- 1	Feet	Sax	Test After Acid or F	racture Treatment	:	CF/Cay; Hours	flower 24
OD	/	110	3.50	Choke Size	Method of Testing	Through E.P.	.G. Co. M	ster
10-3 OD	/48	140	150			nts of materials used,		
7"	_	2050	150	•		40.000 gals. wat		
			-/-	Casing Tub	ing Date	first new run to tanks	6F	
111		2091		PressPre	ssoil	run to tanks		
OD	l			Oil Transporter				
52*11	ner 89	LIM!				rel Gas Company		
Remark						•	,	***********
Test	shown	is.af	ter wo	rk-over completed	Rebruary 14	, 1959.		***************************************
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				ormation given above i				
pprove	ed	AAF !	3 1958	, 19		Company of	Operator)	(4 ₎
				COMMISSION	By:(S	igned) P. E. Cos (Signa		
O : :v:	riginal	Signe	d Eme	ry C. Arnold	Title	District Superir	tendent.	
	Sun		ist. # 3			Send Communication	is regarding w	ell to:
Title		C: 71301 L	rist. # 3		 Name	<u>31.28</u> 1		
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					Address.			

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