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LAND OFFICE	
TRANSPORTER	OIL GAS
PRODUCTION OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

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

Santa Fe, New Mexico

REQUEST FOR ~~1944~~ - (GAS) ALLOWABLE

Workover

~~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

Charley - Pah

Well No. 2

in NW 1/4 NE 1/4

(Company or Operator)

(Lease)

B

Sec. 12

T. 27N

R. 9W

NMPM.

South Blanco

Pool

Unit Letter

Workover

Workover

San Juan

County Date ~~4-3-62~~

Date ~~4-3-62~~ Completed

Please indicate location:

Elevation 5903' G. L.

Total Depth 2090'

PBTD 2061'

Top ~~gas~~/Gas Pay 2005'

Name of Prod. Form. Pictured Cliffs

PRODUCING INTERVAL -

Perforations

Open Hole 2008 - 2061'

Depth

Casing Shoe 2008'

Depth

Tubing 2019'

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 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 _____ ~~XXXXXXXXXXXX~~ Date of First Del. of Gas after ~~XXXXXXXXXXXX~~ Workover: 4-18-62

Oil Transporter _____

Gas Transporter El Paso Natural Gas Company

790' FNL 1650' FEL

(FOOTAGE)

Tubing, Casing and Cementing Record

Size	Feet	Sax
10-3/4"	163'	8"
7"	2001'	200
1.315"	2013'	

Remarks: An intermitter was placed in service on this well to remove the formation water thereby increasing the Deliverability from 568 MCF/day to 622 MCF/day as reflected on the 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)

(ORIGINAL SIGNED) H. E. Aab

(Signature)

By:

Title: District Superintendent OIL CON. COM.

Send Communications regarding well to: 3

Name: SKELLY OIL COMPANY

Drawer No. 510

Address: Farmington, New Mexico

OIL CONSERVATION COMMISSION

Special Agent Emory C. Aab

By:

Title:

