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NEW MEXICO OIL CONSERVATION COMMISSION

Santa Fe, New Mexico

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

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

Workover
Shooting
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 Farming "D", Well No. 1, in SW $\frac{1}{4}$ SW $\frac{1}{4}$,
(Company or Operator) (Lease)
M, Sec. 2, T. 27N, R. 9W, NMPM., South Blanco Pool
Unit Letter

San Juan County, Date Workover 4-3-62 Date Workover Completed 4-3-62
Elevation 6232' O. L. Total Depth 2435' PBD 2371'

Please indicate location:

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

Top ~~W~~/Gas Pay 2310' Name of Prod. Form. Pictured Cliffs

PRODUCING INTERVAL -

Perforations 2320 - 2360' w/ 4 shots per foot
Open Hole Depth 2424' Casing Shoe Depth 2316'

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 Press. _____ Tubing Press. _____ Workover: 4-3-62 Date of First Del. of Gas after
Workover: 4-3-62

Oil Transporter _____

Gas Transporter El Paso Natural Gas Company

Remarks: An intermitter was installed on this well to remove the formation water thereby increasing the deliverability from 57 MCF/day to 122 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: _____, 19____

OIL CONSERVATION COMMISSION

By: (Original Signed) [Signature]
Title Secretary

SKELLY OIL COMPANY
(Company or Operator)
By: (ORIGINAL SIGNED) H. E. Aab
(Signature)
Title District Superintendent
Send Communications regarding OIL CON.
Name SKELLY OIL COMPANY
Drawer No. 510
Address Farmington, New Mexico

