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# NEW MEXICO OIL CONSERVATION COMMISSION

Santa Fe, New Mexico

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

## REQUEST FOR ~~(OIL)~~ - (GAS) ALLOWABLE

Workover  
New Well  
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 Neak - Victoria, Well No. 2, in SE 1/4 NE 1/4,  
(Company or Operator) (Lease)  
H, Sec. 1, T. 27N, R. 9W, NMPM., South Blanco Pool  
Unit Letter Workover Workover  
San Juan County Date ~~4-3-62~~ 4-3-62 Date ~~Recompletion~~ Completed 4-3-62

Please indicate location:

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

Elevation 5874' D. F. Total Depth 2186' FBTD 2144'  
Top ~~Oil~~/Gas Pay 2018' Name of Prod. Form. Pictured Cliffs

### PRODUCING INTERVAL -

Perforations 2028 - 2110' w/ 4 shots per foot  
Open Hole Depth 2171' Casing Shoe Depth 2025

### 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 \_\_\_\_\_

1450' FNL & 790' FEL  
(FOOTAGE)

Tubing, Casing and Cementing Record

Size	Feet	Sax
8-5/8"	183'	200
5-1/2"	2159'	200
1.315"	2019'	

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. \_\_\_\_\_ ~~XXXXXXXXXX~~ Date of First Del. of Gas after Workover: 4-17-62

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 430 MCF/day to 645 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\_\_\_\_\_

SKELLY OIL COMPANY

(ORIGINAL) (Company or Operator) JUL 26 1962

(SIGNED) H. E. Aab

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

OIL CONSERVATION COMMISSION

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

Title \_\_\_\_\_

Title District Superintendent

Send Communications regarding well to:

Name SKELLY OIL COMPANY

Drawer No. 510

Address Farmington, New Mexico