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	GAS	
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NEW MEXICO OIL CONSERVATION COMMISSION

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

Santa Fe, New Mexico

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

Workover
~~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

Neah - Victoria

Well No. 1, in SW 1/4 SE 1/4,

(Company or Operator)

(Lease)

0

Sec. 1

T. 27N

R. 9W

NMPM,

South Blanco

Pool

Unit Letter

Workover

Workover

San Juan

County Date ~~5-3-62~~ 4-3-62

Date ~~5-3-62~~ 4-3-62

Elevation 5894' G. L.

Total Depth 2115' PBTD 2095'

Please indicate location:

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

990' FSL & 1650' FEL

(FOOTAGE)

Tubing, Casing and Cementing Record

Size	Feet	Sax
10-3/4"	127'	150
7"	2032'	150
1.315"	2046'	

Top Oil/Gas Pay 2036'

Name of Prod. Form. Pictured Cliffs

PRODUCING INTERVAL -

Perforations

Open Hole 2042 - 2095'

Depth Casing Shoe 2042'

Depth Tubing 2053'

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. _____ ~~XXXXXXXXXX~~ Date of First Del. of Gas after workover: 4-19-62

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 525 MCF/day to 629 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.

SKELLY OIL COMPANY

Approved: JUL 19 1962, 19

(Company or Operator)

OIL CONSERVATION COMMISSION

Original Signed by C. Arnold

By: _____

(ORIGINAL SIGNED) H. E. Aab

(Signature)

Title: District Superintendent, DIST. 3

SKELLY OIL COMPANY

Name: Drawer No. 510

Address: Farmington, New Mexico

