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NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

REQUEST FOR ~~(GAS)~~ (GAS) ALLOWABLE WORKOVER

~~Signature~~
~~Signature~~

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 January 4, 1963
(Place) (Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

Skelly Oil Company Mexico-Fed. "L"

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

(Company or Operator)

(Lease)

Unit Letter

Sec. 10

T. 30N

R. 13W

NMPM,

Basin

Pool

County. Date workover 9/14/62

Date workover Completed 9/16/62

Elevation 5702' B.B.

Total Depth 6502'

PBTD 6470'

Please indicate location:

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

Top Oil/Gas Pay 6223'

Name of Prod. Form. Dakota

PRODUCING INTERVAL -

Perforations 6223' - 6386'; 6304' - 6346'

Open Hole Depth 6502'

Depth Tubing 6364'

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls. water in _____ hrs, _____ min. Size _____ Choke

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 Tubing Press. _____ Date of First Del. of gas after workover: 9/19/62

Oil Transporter _____

Gas Transporter El Paso Natural Gas Company

Remarks: This well was cleaned out from 6300' to 6364' and tubing lowered to 6364'.

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved JAN 15 1963, 19

OIL CONSERVATION COMMISSION

By: Original Signed by W. B. Smith

Title DEPUTY OIL & GAS INSPECTOR DIST. NO. 3

RECEIVED
JAN 15 1963
CON. COM.
DIST. NO. 3
By: _____
Title: _____
Name: _____
Address: Farmington, New Mexico