

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

New Well
~~REPRODUCTION~~

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 QUADRUPPLICATE 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.

Hobbs, New Mexico August 30, 1960
(Place) (Date)

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

Skelly Oil Company Las Cruces "B", Well No. **2**, in NW 1/4 NE 1/4,
(Company or Operator) (Lease)
Unit Letter **30**, T. **S-8**, R. **37-E**, NMPM., **Bluff-Penn.** Pool
Roosevelt County. Date Spudded **July 28, 1960** Date Drilling Completed **Aug. 25, 1960**

Please indicate location:

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

Section 30

Elevation **4057' BP** Total Depth **9630'** PBSD **9606'**
Top Oil/Gas Pay **9567'** Name of Prod. Form. **Bough "C"**

PRODUCING INTERVAL -

Perforations **9567-69', 9572-74', 9578-81' & 9583-90'**

Open Hole **---** Depth **9630'** Depth **9590'**
Casing Shoe Tubing

OIL WELL TEST -

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

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): **578** bbls. oil, **0** bbls water in **24** hrs, _____ min. Choke Size **20/64"**

GAS WELL TEST -

Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____

Tubing, Casing and Cementing Record

Size	Feet	Sax
13-3/8"	Set At 382'	390
8-5/8"	4229'	1400
5-1/2"	9630'	600
2"	9590'	---

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): **Treated w/ 500 gals. 15% reg. acid by Dowell, Inc.**

Casing **600#** Tubing **790#** Date first new **August 28, 1960**
Press. **600#** Press. **790#** oil run to tanks

Oil Transporter **McWood Corporation**

Gas Transporter **None**

Remarks: **Well flowed 578 bbls. oil in 24 hrs. through 20/64" & 20/64" chokes, C.P. 600#, T.P. 790#.**

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

Approved **AUG 31 1960**, 19____

Skelly Oil Company

(Company or Operator)

OIL CONSERVATION COMMISSION

By: **J. J. Amulare**
(Signature)

Title **Dist. Supt.**

Send Communications regarding well to:

Name **Skelly Oil Company**

Address **Box 38 - Hobbs, New Mexico**

By: **[Signature]**
Title **Engineer District 1**