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NEW MEXICO OIL CONSERVATION COMMISSION **FORM C-104**
 Santa Fe, New Mexico
 Revised 7/1/57

REQUEST FOR (OIL) - (GAS) ALLOWABLE

JUL 14 1961

APPROVED
 REGIONAL DIRECTOR

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.

Hobbs, New Mexico
 (Place)

July 11, 1961
 (Date)

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

Skelly Oil Company **Lynch "A"** Well No. **5** in **SW** $\frac{1}{4}$ **NE** $\frac{1}{4}$,
 (Company or Operator) (Lease)
"G" Sec. **22** T. **17-S** R. **31-E** NMPM, **Grayburg Jackson** Pool
 Unit Letter

Eddy

County. Date Spudded **Nov. 11, 1950** Date Drilling Completed **Feb. 13, 1951**

Please indicate location:

D	C	B	A
E	F	G	H
Sec. 22		#5	
L	K	J	I
M	N	O	P

Elevation **3858' DF** Total Depth **5040'** PBD **3805.5'**

Top Oil/Gas Pay **3741'** Name of Prod. Form. **San Andres**

PRODUCING INTERVAL -

Perforations **3741-3804'**

Open Hole **--** Depth **3810'** Depth **3739'**
 Casing Shoe Tubing

OIL WELL TEST -

Natural Prod. Test: **--** bbls. oil, **--** bbls water in **--** hrs, **--** min. Choke **--**

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of Choke
 load oil used): **18** bbls. oil, **4** bbls water in **24** 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): **Fractured w/ 1680 bbls. oil & 24,000' sand by Dowell, Inc.**

Casing **--** Tubing **--** Date first new **July 10, 1961**
 Press. **--** Press. **--** oil run to tanks

Oil Transporter **Texas-New Mexico Pipe Line Company**

Gas Transporter **Skelly Oil Company**

Remarks:

Well pumped 18 bbls. oil and 4 bbls. water in 24 hrs.

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

Approved **JUL 14 1961**, 19**--**

(ORIGINAL Company or Operator)
 SIGNED **R. E. AOB**

OIL CONSERVATION COMMISSION

By: **M. L. Armstrong**

Title **Oil and Gas Inspector**

By: **--** (Signature)

Title **Dist. Supt.**

Send Communications regarding well to:

Name **Skelly Oil Company**

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

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NEW MEXICO OIL CONSERVATION COMMISSION
SANTA FE, NEW MEXICO
**CERTIFICATE OF COMPLIANCE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

FORM C-110
RECEIVED
JUL 14 1961

FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE

Company or Operator Skelly Oil Company				Lease Lynch "A"		Well No. 5 ARTESIA OFFICE	
Unit Letter "G"	Section 22	Township 17-S	Range 31-E	County Eddy			
Pool Grayburg Jackson				Kind of Lease (State, Fed, Fee) Federal			
If well produces oil or condensate give location of tanks			Unit Letter "K"	Section 22	Township 17-S	Range 31-E	
Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/> Texas-New Mexico Pipe Line Company				Address (give address to which approved copy of this form is to be sent) Box 1510 - Midland, Texas			
Is Gas Actually Connected? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
Authorized transporter of casing head gas <input checked="" type="checkbox"/> or dry gas <input type="checkbox"/> Skelly Oil Company Maljamar Gasoline Plant			Date Con- nected July 10, 1961	Address (give address to which approved copy of this form is to be sent) Box 207 - Loco Hills, New Mexico			

If gas is not being sold, give reasons and also explain its present disposition:


REASON(S) FOR FILING (please check proper box)

New Well <input type="checkbox"/>	Change in Ownership <input type="checkbox"/>
Change in Transporter (check one)	Other (explain below)
Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	Recompletion of abandoned hole
Casing head gas . <input type="checkbox"/> Condensate . . <input type="checkbox"/>	

Remarks

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the **11th** day of **July**, 19 **61**

OIL CONSERVATION COMMISSION		By (ORIGINAL SIGNED) H. E. Aab
Approved by 	Title Dist. Supt.	
Title OIL AND GAS INSPECTOR	Company Skelly Oil Company	
Date JUL 14 1961	Address Box 38 - Hobbs, New Mexico	