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NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico REQUEST FOR (OIL) - (GAS) ALLOWABL	DEGEL 15 19953 Well
This form shall be submitted by the operator before an initial allowable will be assigned to a Form C-104 is to be submitted in QUADRUPLICATE to the same District Office to which Form	hy completed on or dission
able will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this month of completion or recompletion. The completion date shall be that date in the case of an into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.	form is filed during calendar
Hobbs, New Mexico	Oct. 14, 1953
(Place)	(Date)
WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:	

month of c	ompletion o	or recomple		ate shall be that date in the case of an oil t 60° Fahrenheit.	
into the sto	ck taliks. Ga	is must be re	cported on 15.025 paid t	Hobbs, New Mexico	Oct. 14, 1953
				(Place)	(Date)
WE ARE I	HEREBY R	EQUESTI	NG AN ALLOWABLE	FOR A WELL KNOWN AS:	
Skel	ly 011 Co	mpany	State	.Q, Well No, in	SM 1/4 SE 1/4,
(Co	ompany or Op	erator)	(L	ease)	ماهمهای
(Unit			., T, R	6E , NMPM., Lovington-Pa	Pool
•	*		County Date Spudd	ed Aug 25, 1953, Date Completed	Oct. 13, 1953
	se indicate l		Date Space		
			Elevation38	34. DF Total Depth	, P. B
			Top oil/gas pay		m Clorieta
		Sec. 36	Casing Perforati	ons: Producing frem open hele	6009! - 6252! or
			Depth to Casing	shoe of Prod. String	
	#6		Natural Prod. Te	st	BOPD
			based on	bbls. Oil inH	rsMins.
1980!	PEL.A.AL) PSL	Test after acid o	shot343.68	BOPD
Casing Size	and Coment Feet	ing Record Sax	Based on24	.40 bbls. Oil in 17 H	rsMins.
8-5/8°	20291	850	Gas Well Potent	ial	
53. 5997. 265		Size choke in in	hes open 2" tubing		
			Date first oil run	to tanks or gas to Transmission system:	let. 12, 1953
			Transporter taki	ng Oil or Gas: Texas-New Mexico. Ply	e Line Co.
Remarks:	Acidis	ed open h	ole section 6009	- 6252' with 5000 Gals. acid	and well flowed
	bls. oil	in 17 ho	ura through open	2" tubing 608 1389/1, corre	oted.gravity.34.4
	by certify th	nat the info		true and complete to the best of my knowl	ledge.
Approved	001	19 1333	, 19	(Company or Ope	
0	IL CONSEI	RYATION	COMMISSION	By: (Signature)	melance
	1.(1)	La .		(,	
3y:		unug	<i></i>	Send Communications reg	garding well to:
Enς Γitle	gineer Dis	trict 1//		NameSkelly 011. Compar	
				•	•
				Address Box 36, Hobbs, Me	FW