## NEW MEXICO OIL CONSERVATION COMMILLION Santa Fe, New Mexico

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

New Well

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 oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

		•	•	Hobbs, New Mexico	
VE ARE F	EREBY REC	DUESTING	AN ALLOWABL	(Place) E FOR A WELL KNOWN AS:	(Date)
Skelly (	il Company	· 7		10n , Well No 24 ,	in SW 1/4 NB 1/4
	mpany or Opera		,	Lease) 7E NMPM, Lovington P	addodk pos
(Unit)	,	•	·	•	
			County. Date Spud	ded Nov. 17, 1954, Date Com	pleted Dec. 22, 1954
Pleas	e indicate loc	ation:			
			Elevation 38	33' DF Total Depth 6270'	, P.B
	#24		Top oil/gas pa	y 6106 Name of Prod	Form Clorists
! !	" "	-		tions Producing from open hole	
	* Sec.	\ <u> </u>	•		
			Depth to Casin	g shoe of Prod. String	
			Natural Prod. 7	Test	ВОРГ
			based on	bbls. Oil in	HrsMins
21.30' FI	L & 1980'	FEL	Test often acid	or shot235.46	ВОРГ
Casing	and Cementing	Record			
Size	SET AT	Sax	Based on	7.73 bbls. Oil in. 12	HrsMins
8-5/8*	32151 1	1550	Gas Well Poter	ntial	
			Size choke in i	nches 2" tubing	
5-1/2"	6106,	450	Data fort oil or	ın to tanks or gas to Transmission syste	Dec. 23, 1954
			Transporter tal	king Oil or Gas: Toxas-New Mext co	Libe mine oo
. A	cidised or	en hole s	ection 6106_6	270' with 20,000 Gals. acid	in A stages and
				re thru open 2" tubing.	
I hereb	y certify that	the informa	tion given above	is true and complete to the best of my	knowledge.
pproved			, 19.	Skelly 011 Company	or Operator)
OI	L-CONSERV	ATION CO	MMISSION	By: In Dunlaux	'y
X	CONSERV	. /	MATATIONOLOIA	(Sign	ature)
y: 🔏 .	Ci S	tuno	2022	Title Dist. Supt.	ons regarding well to:
itle			•••••		
				Name	T. Z.

Address.....