

XXXXXXXXXXXXXXXXXXXX

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.

**October 18, 1956**

(Date)

**Skelly Oil Company**

State NFR

Well No. **2**

in SW

85 1/4

(Company or Operator)

(Lease)

909

17

T 208

D 37

**NACDM**

## Payment

(Unit)

Loa

County. Date Spudded **Feb. 11, 1937**, Date Completed **March 17, 1937**

Please indicate location:

[illegible]

Elevation 3539' D.F. Total Depth 3878' P.B. 3730'

Top ~~oil~~/gas pay 3358 Name of Prod. Form Queen

Casing Perforations: **3358-3460'**

Depth to Casing shoe of Prod. String. 3690'

Natural Prod. Test.....BOPD

based on..... bbls. Oil in..... Hrs..... Mins

Test after acid or shot.....BOPD

Based on..... bbls. Oil in..... Hrs..... Mins.

Gas Well Potential.....**4682 MCFPD**

Size choke in inches..... **Open 2-1/2" Tubing**

Date first oil run to tanks or gas to Transmission system:.....

Transporter taking Oil or Gas:.....

Remarks: Acidised casing perforations 3358-3460' with 500 gallons Dowell's mud matrix acid.  
Well flowed 4682 MCFPD thru open 2-1/2" tubing.

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

Approved \_\_\_\_\_, 19\_\_\_\_

**Skelly Oil Company**

(Company or Operator)

By: [Signature]

Signature \_\_\_\_\_

Title ✓ Dist. Supt.

Send Communications regarding well to:

Name **Skelly Oil Company**

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