NEW XICO OIL CONSERVATION COMMI ON Santa Fe, New Mexico

(Form C-104) Revised 7/1/57

REQUEST FOR (OIL) - (CAS) 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 new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

				Hobbs,	Hobbs, New Mexico			March 21, 1960		
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Ske	Lly 011 (Company	H	obbs "K"	OK A WE	Vall No.	N A.S: 2 :_	SW	. gw	
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um r	Se	c 2	T. 23-5	., R 3 0	6-E , NM	РМ.,	anglie Ma	ttix	Pool	
-										
	se indicate		Elevation	3460' 1	OF	Total Depth	37001	PBTD	larch 10, 19	
	C B	A	Top Oil/Gas I	Pay	481	Name of Pro	od. Form.	Queen		
		•		TERVAL - 36	648-501,	3653-561,			71, 3670-74	
E	F G	H				Denth		Depth		
						Casing Shoe	3700'	Tubing	33631	
L	K J		OIL WELL TEST	<u>-</u>						
		*	Natural Prod	Test:	bbls.o	il,	bbls water in	hrs,	Choke min. Size	
3/-									l to volume of	
M	N O	P							Choke min. Size 1/2	
#2			GAS WELL TEST		-					
	L & 660°	FWL		•						
Mag Cae	dag and Car	enting Reco	_						ize	
Size	Feet	SAX	thou of 103							
-	Set at		Test After Ac	id or Fractu	ure Treatme	nt:	MCF/	Day; Hours f	lowed	
-5/8*	3001	200	Choke Size	Metho	od of Testin	ng:				
- /			Asid or Fracti	umo Troatmon	+ 101110 000		in la mand and		ater, oil, and	
-1/2"	37001	275								
	2260		Casing 2004	Tubing	Date Date	e first new	March 18	# sand b	y Dowell, Ir	
	33631	 						, 1960		
			Oil Transport				Line Co.			
	Wall #1-	740	Gas Transport				h 44			
marks:			3 bbls. oil	and 0.7	DD18, W	ater in 2	ars, thr	ougn 1/2"	choke,	
	T.F. 12	¥, C.P.	320 4 •	••••	•••••••	·····	•••••		••••	
	•••••		•••••			·····	•••••			
I hereb	y certify th	nat the info	rmation given a	above is tru	e and com	plete to the be	st of my know	vledge.		
oroved							il Company			
		*		,			Company or Op	erator)		
OI	L CONSEI	RVATION	COMMISSION	N.	Ву:	$\mathcal{G}(\mathcal{A})$	Den	m		
/.	/			7	= /	Z/	Signature) y		
	6 1 /	1191	1166		Title	/ Dis	t. Supt.			
- -	. 2					Send Com	nunications re	garding wel	l to:	
e	·····················/				Name	Ske	lly Oil Co	mpany		
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