

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well
REGISTRATION

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-104 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)

December 30, 1959
(Date)

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

Skelly Oil Company
(Company or Operator)

J. N. Matkins
(Lease)

Well No. **1**, in **SW** $\frac{1}{4}$ **SW** $\frac{1}{4}$,

Unit Letter **Lea**, Sec. **14**, T. **23-S**, R. **36-E**, NMPM, **Langlie Mattix** Pool

County. Date Spudded **Dec. 17, 1959** Date Drilling Completed **Dec. 24, 1959**
Elevation **3380' DP** Total Depth **3725'** PBDT **---**

Please indicate location:

D	C	B	A
E	F	G	H
L	K	J	I
M	N	O	P

Section 14
660' FSL & 660' FWL

Top Oil/Gas Pay **3625'** Name of Prod. Form. **Queen**

PRODUCING INTERVAL - **3625-31', 3634-38', 3640-44', 3645-48', 3652-56', 3659-61' & 3667-70'**

Perforations **---** Depth **3725'** Depth **3435'**
Open Hole **---** Casing Shoe **---** Tubing

OIL WELL TEST -

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

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): **299** bbls. oil, **16** bbls water in **17** hrs, **---** min. Size **3/4"** Choke

GAS WELL TEST -

Natural Prod. Test: **---** MCF/Day; Hours flowed **---** Choke Size **---**

Tubing, Casing and Cementing Record

Size	Feet	Sax
8-5/8"	Set At 300'	200
5-1/2"	3725'	250
2"	3435'	---

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/ 30,000 gals. oil & 30,000# sand by Dowell, Inc.**

Casing **550#** Tubing **200#** Date first new oil run to tanks **December 29, 1959**
Press. **---**

Oil Transporter **Texas-New Mexico Pipe Line Co.**

Gas Transporter **None**

Remarks: **Well flowed 299 bbls. new oil and 16 bbls. water in 17 hrs. through 3/4" choke, T.P. 200#, C.P. 550#.**

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

Approved **---**, 19**---**

OIL CONSERVATION COMMISSION

By: **---** District **1**

Title **---**

Skelly Oil Company

(Company or Operator)

By: **---** (Signature)

Title **Dist. Supt.**

Send Communications regarding well to:

Name **Skelly Oil Company**

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

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