

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

(Form C-104)
Revised 7/1/57
RECOMPLETION
~~EXPLORATION~~
~~RECOMPLETION~~

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

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, New Mexico - December 29, 1958
(Place) (Date)

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

Skelly Oil Company E.A. Stieher, Well No. 1, in NE $\frac{1}{4}$ SW $\frac{1}{4}$,
(Company or Operator) (Lease)

K, Sec. 4, T. 22 S, R. 37 E, NMPM, Hare Pool
Unit Letter

Lea

Please indicate location:

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

1980' FSL & 1980' FWL

Tubing, Casing and Cementing Record

Size	Feet	Sax
<u>10-3/4" OD</u>	<u>Set A</u> <u>165'</u>	<u>100</u>
<u>7" OD</u>	<u>3569'</u>	<u>500</u>
<u>5" OD</u>	<u>8053'</u>	<u>360</u>

County. Date Spudded 3-24-1937 Date Drilling Completed 11-5-1947
Elevation 3442' D.F. Total Depth 8053' PBD 7600'
Top Oil/Gas Pay 7438' Name of Prod. Form. McKee

PRODUCING INTERVAL -

Perforations 7438-7449'

Open Hole _____ Depth _____
Casing Shoe 8053' Depth Tubing 7440'

OIL WELL TEST -

Natural Prod. Test: 114 bbls. oil, 114 bbls water in 24 hrs, 0 min. Size P Choke

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____ Choke

GAS WELL TEST -

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

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): _____

Casing _____ Tubing _____ Date first new _____
Press. _____ Press. _____ oil run to tanks December 21, 1958

Oil Transporter Texas-New Mexico Pipe Line Company

Gas Transporter Skelly Oil Company

Remarks: _____

I hereby certify that the information given above is true and complete to the best of my knowledge.
Approved _____, 19____

OIL CONSERVATION COMMISSION

By: _____

Title _____

Skelly Oil Company
(Company or Operator)

By: [Signature]
(Signature)

Title District Superintendent

Send Communications regarding well to:

Name Skelly Oil Company

Address Box 38 - Hobbs, New Mexico