

REQUEST FOR (OIL) - (GAS) ALLOWABLE

RECOMPLETION

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 QUADRUPPLICATE 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

August 31, 1960

(Place)

(Date)

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

Skelly Oil Company

E. A. Sticher

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

(Company or Operator)

(Lease)

"L"

Sec. **4**

T. **22-S**

R. **37-E**

NMPM.

Tubb (Gas)

Pool

Unit Letter

Lea

County. Date Spudded **Dec. 28, 1946**

Date Drilling Completed **May 3, 1947**

Please indicate location:

Elevation **3456' DW** Total Depth **8110'** PBD **6310'**

Top Oil/Gas Pay **5938'** Name of Prod. Form. **Tubb**

PRODUCING INTERVAL - 6054-60', 6065-68', 6078-80', 6089-94', 6102-12', 6124-30', 6155-67'.

Perforations **Depth 8110' Depth Tubing 6035'**

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____

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 _____

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: **2750** MCF/Day; Hours flowed **24**

Choke Size **1/2"** Method of Testing: **Flow-Prover**

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): **Treated w/ 960 bbls. lso. oil & 20,000# 20/40 sand by Dowell, Inc.**

Casing Press. _____ Tubing Press. **500#** Date first new oil run to tanks _____

Oil Transporter **Texas-New Mexico Pipe Line Company**

Gas Transporter **Permian Basin Pipe Line Company**

Remarks: _____

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)

OIL CONSERVATION COMMISSION

By: **Leslie A. Clements**

By: _____

(Signature)

Title **Dist. Supt.**

Send Communications regarding well to:

Title _____

Name **Skelly Oil Company**

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