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

## REQUEST FOR (OIL) - (SEAS) ALLOWABLE

New XX oux 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 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. Cas must be reported on 15.025 psia at 60° Fahrenheit.

			Eunice, New Mexico 8-7-57
			(Place) (Date)
		-	ING AN ALLOWABLE FOR A WELL KNOWN AS:
			any Elliott B-17, Well No. 1, in NE $\frac{NE}{4}$
( <b>Со</b> Л	mpany or Op	er <b>ator</b> ) 7	T 22 R 37 NMPM, Penrose-Skelly Poo
Unit Le	, 5ec		, 1, R, NMPM.,
Lea			County. Date Spudded 7-2-38 Date Drilling Completed 7-30-38
	se indicate l		Elevation 3404 Total Depth 3700 PBTD  Top Oil/Sas Pay 3530 Name of Prod. Form. Grayburg
	<u> </u>	<del></del>	Top Oil/Sas Pay 3530 Name of Prod. Form. Grayburg
ן מ	C B	A	PRODUCING INTERVAL -
		X	Perforations
E	F G	H	Open Hole 3530-3700 Depth Casing Shoe 3500 Depth Tubing 3463
			OIL WELL TEST -
L	K J	I	Choke Natural Prod. Test:bbls.oil,bbls water inhrs,min. Size_
			Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of
M	N O	P	load oil used): 4 bbls,oil, nO bbls water in 24 hrs, min. Size 20/
			GAS WELL TEST -
			Natural Prod. Test: MCF/Day; Hours flowed Choke Size
tubing Cas	ing and Cem	nting Recor	
Size	Feet	Sax	Test After Acid or Fracture Treatment: MCF/Day; Hours flowed
10 3/4	. 262	225	Choke Size Method of Testing:
			Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and
7 5/8	1162	300	sand): 10,000 gals crude w/l# sand & 0.l# Adomite/gal
5 7/2	2520	425	Casing Tubing Date first new
5 1/2	3530	427	Pressoil run to tanks
	1		
ļ	<del></del>	!	Gas Transporter Skelly Oil Co
Remarks:		•••••••	LC 032573 b
		••••••••••••••••••••••••••••••••••••••	
T L1			ormation given above is true and complete to the best of my knowledge.
	. غدد		Continental Dil Company
Approved	••••••	***************************************	, 19 (Company or Operator)
OI	I. CONSEI	VATION	COMMISSION By Jones
01			(Signature)
By:	and the same of th		Title District Superintendent
		1	Send Communications regarding well to:
Title		•••••	Name J. R. Parker
			Address Box 68, Eunice, New Mexico