

REQUEST FOR (OIL) - (GAS) ALLOWABLE

RECOMPLETION
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. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Hobbs, New Mexico **July 22, 1959**
(Place) (Date)

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

Skelly Oil Company **R. R. Sims**, Well No. **7**, in **NE 1/4 SW 1/4**,
(Company or Operator) (Lease)
"K", Sec. **3**, T. **23S**, R. **37E**, NMPM., **Undesignated** Pool
Unit Letter
Lea

Please indicate location:

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

Sec. 3
#7

2200' FSL & 2200' FWL

Tubing, Casing and Cementing Record

Size	Feet	SAX
13-3/8"	Set At 192'	200
9-5/8"	3925'	1600
5-1/2"	6650'	300
2"	5396'	—

County. Date Spudded **April 4, 1948** Date Drilling Completed **August 4, 1948**
Elevation **3307' DF** Total Depth **10,204'** PSTD **5,800'**

Top Oil/Gas Pay **5553'** Name of Prod. Form. **Blinberry**

PRODUCING INTERVAL -

Perforations **5553-5571' and 5580-5587'**

Open Hole **—** Depth **6650'** Depth Casing Shoe **5396'**

OIL WELL TEST -

Natural Prod. Test: **—** bbls. oil, **—** bbls water in **—** hrs, **—** min. Choke 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. Choke 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: **—** 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/10,500 gals. oil & 10,500# sand by Dowell, Inc.**

Casing **Packer** Tubing **115#** Date first new oil run to tanks **July 1, 1959**

Oil Transporter **Shell Pipe Line Corp.**

Gas Transporter **None**

Remarks: **Well flowed 14 bbls. oil and 12 bbls. salt water in 24 hrs. through 1/2" choke, T.P. 115#.**

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: **[Signature]**

By: **[Signature]**
(Signature)

Title: **Dist. Supt.**
Send Communications regarding well to:

Title: **[Signature]**

Name: **Skelly Oil Company**

Address: **Hobbs, New Mexico**