NEW XICO OIL CONSERVATION COMM ION Santa Fe, New Mexico

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REQUEST FOR (OIL) - (CINS) 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.

(Place) WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL	ew Mexico February 25, 1958
ARE ARE AEREBI REQUESTING AN ALLOWABLE FOR A WELL	
Skelly Oil Company R.R. Sims Well	N. 8 : SW / SW /
(Company or Operator) (Lease) WIN (Lease) Uan Letter , Sec, T, 375 , NMPM.	Langlie-Mattix Pool
Les. County. Date Spudded 1-22-1958	
Please indicate location: Elevation 3328' D.F.	Total Depth 3650' PBTD
	Name of Prod. Form. Queen
D C B A PRODUCING INTERVAL -	
Perforations Perforated Interv	vals 3526-3636'
E F G H D	Depth Depth 3380' Casing Shoe 3649' Tubing 3380'
OIL WELL TEST -	
L K J I Natural Prod. Test:bbls.oil,	Chokebbls water inhrs,min. Size
	(after recovery of volume of oil equal to volume of
M N O P load oil used): 60.5 bbls.oil, 1	L.5 bbls water in 24 hrs,min. Size 1/2*
GAS WELL TEST -	
	MCF/Day; Hours flowedChoke Size
	e, etc.):
Test After Acid or Fracture Treatment:	MCF/Day; Hours flowed
B-5/8"OD 370' 225 Choke SizeMethod of Testing:_	
5-1/2"00 3650' 200 Acid or Fracture Treatment (Give amount	s of materials used, such as acid, water, oil, and
2*1/2"Vy 393U'  200	1/50.000 gallons oil mixed 1# sand/gall
Casing Tubing Date f	irst new February 23, 1958
Oil Transporter Shell Pipeline	
Gas Transporter Skelly 011 Comp marke Fractured perforated intervals 3526-3636' with	50.000 gallane lasse oil mixed 1# sand
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er gallon by Dowell Inc. After recovering all load of	
.5 barrels salt water through 1/2" choke in 24 hours,	
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I hereby certify that the information given above is true and complete	te to the best of my knowledge.
I hereby certify that the information given above is true and complet EEE 200 1258	elly 011 Company
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OIL CONSERVATION COMMISSION By:	(Company or Operator)
OIL CONSERVATION COMMISSION By: Dill CONSERVATION COMMISSION Dill CONSERVATION COMMISSION Dill CONSERVATION COMMISSION	(Company or Operator) (Company or Operator) (Signature) (Signature)
OIL CONSERVATION COMMISSION By: Dill CONSERVATION COMMISSION Dill CONSERVATION COMMISSION Dill CONSERVATION COMMISSION	(Company or Operator) (Company or Operator) (Signature) (Signature) (Send Communications regarding well to: Skelly Oil Company