

**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 - September 16, 1957**

(Place)

(Date)

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

**Skelly Oil Company**

**Harrison #B**

Well No. **3**, in **NE**  $\frac{1}{4}$  **SE**  $\frac{1}{4}$ ,

(Company or Operator)

Sec. **5**, T. **23S**, R. **37E**, NMPM., **Langlie-Mattix** Pool

Unit Letter

**Lea**

**August 28, 1957**

**September 9, 1957**

County. Date Spudded **3360'** D.P. Date Drilling Completed **3710'**

Elevation **3580'** Total Depth **3710'** PBTD

Top Oil/Gas Pay **3580'** Name of Prod. Form. **Queen**

Please indicate location:

D	C	B	A
E	F	G	H
L	K	J	I <b>X</b>
M	N	O	P

**1980' FSL & 660' FSL**

PRODUCING INTERVAL -

**Perforated Intervals - 3580-3698'**

Perforations

Open Hole **3710'** Depth **3710'** Casing Shoe **3418'** Depth **3418'** Tubing

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): **183** bbls. oil, **0** bbls water in **24** hrs, \_\_\_\_\_ min. Choke **3/4"** Size \_\_\_\_\_

GAS WELL TEST -

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

Tubing, Casing and Cementing Record

Size	Set at	Set
<b>8-5/8"</b>	<b>370'</b>	<b>250</b>
<b>5-1/2"</b>	<b>3710'</b>	<b>200</b>

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): **27,000 Gals. Sandoil mixed 1# sand per gallon**

Casing **Pkr.** Tubing **90#** Date first new **September 15, 1957**  
Press. \_\_\_\_\_ oil run to tanks

Oil Transporter **Shell Pipeline Company**

Gas Transporter \_\_\_\_\_

Remarks:

**Flowed 183 barrels oil in 24 hours through 3/4" choke, T.P. 90#.**

I hereby certify that the information given above is true and complete to the best of my knowledge.

**Skelly Oil Company**

Approved \_\_\_\_\_, 19\_\_\_\_\_

(Company or Operator)

OIL CONSERVATION COMMISSION

By: **E. R. Deitz**

(Signature)

**District Superintendent**

By: \_\_\_\_\_

Title \_\_\_\_\_

Send Communications regarding well to:

Title \_\_\_\_\_

**Skelly Oil Company**

Name \_\_\_\_\_

**Box 38, Hobbs, New Mexico**

Address \_\_\_\_\_