

REQUEST FOR (OIL) - ~~(GAS)~~ ALLOWABLE

~~New Well~~  
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 - December 9, 1957

(Place)

(Date)

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

Skelly Oil Company

Harrison "B"

Well No. 7, in SW SE 1/4 1/4,

(Company or Operator)

"O"

Sec. 5

T. 23S

(Lease)

37E

R. NMPM,

Langlie-Mattix

Pool

Unit Letter

Lea

County. Date Spudded 11/16/1957

Date Drilling Completed 11/30/1957

Please indicate location:

Elevation 3338' D.F. Total Depth 3705' PBD

Top Oil/Gas Pay 3554' Name of Prod. Form. Queen

PRODUCING INTERVAL -

Perforated Intervals 3554-3685'

Perforations

Open Hole Depth 3705' Casing Shoe Depth 3426' Tubing

OIL WELL TEST -

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

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 150 bbls. oil, 0 bbls water in 24 hrs, min. Size Choke 1/2"

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 perforations with 30,000 Gals. Oil & 40,000# Sand

Casing Tubing 60# Date first new December 7, 1957  
Press. Press. oil run to tanks

Shell Pipeline Corporation

Oil Transporter

Gas Transporter

Remarks:

Flowed 150 barrels oil, no water, in 24 hours through 1/2" choke, T.P. 60#.

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)

District Superintendent

By:

Title:

Send Communications regarding well to:

Skelly Oil Company

Title:

Name:

Box 38 - Hobbs, New Mexico

Address: