

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well
RELINQUISH

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 February 29, 1960
(Place) (Date)

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

Skelly Oil Company Harrison "B", Well No. 11, in SE $\frac{1}{4}$ SW $\frac{1}{4}$,
(Company or Operator) (Lease)
"B" Sec. 9, T. 23-S, R. 37-E, NMPM., Langlie Mattix Pool
Unit Letter

Lea

Please indicate location:

D	C	B	A
E	F	G	H
Section 9			
L	K	J	I
M	N	O	P
#11			

660' PSL & 1980' FWL

Tubing, Casing and Cementing Record

Size	Feet	Sax
<u>9-5/8"</u>	<u>Set At 1120'</u>	<u>325</u>
<u>5-1/2"</u>	<u>3700'</u>	<u>300</u>
<u>2"</u>	<u>3471'</u>	<u>---</u>

County. Date Spudded Jan. 26, 1960 Date Drilling Completed Feb. 6, 1960
Elevation 3327' DP Total Depth 3700' PBTD ---

Top Oil/Gas Pay 3511' Name of Prod. Form. Penrose of Queen

PRODUCING INTERVAL - 3511-3516', 3520-3526', 3530-3533', 3549-3551',

Perforations 3553-3555', 3564-3567', 3572-3576', 3579-3583' & 3621-3629'

Open Hole --- Depth 3700' Depth Casing Shoe 3471'

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): 39 bbls. oil, 0 bbls. water in 24 hrs, --- min. Size 1/2" Choke

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 with 960 bbls. lse. oil & 40,000# sand by Dowell, Inc.

Casing 300# Tubing 100# Date first new February 26, 1960
Press. --- Press. --- oil run to tanks

Oil Transporter Shell Pipe Line Corp.

Gas Transporter Skelly Oil Company

Remarks: Well flowed 39 bbls. oil in 24 hrs. through 1/2" choke, T.P. 100#

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)

Title Dist. Supt.

Send Communications regarding well to:

Skelly Oil Company

Name _____

Address Box 38 - Hobbs, New Mexico

By: _____

Title _____