## NEW METTCO OIL CONSERVATION COMMISS) VN Santa Fe. New Mexico

(Form C-104) Revised 7/1/57

New Well Recommendation

REQUEST FOR (OIL) - (GAS) 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) (Date)  |
|---|---|
| ARE HEREBY REQUESTING AN ALLOWABLE F  | OR A WELL KNOWN AS:   |
| (Company or Operator) (Less   |   |
| F Sec. 2. T 25-S R 37-1   | E, NMPM., North Justis Tubb Drinkard  |
| Unit Latter   | Sept. 26, 1962 Date Drilling Completed Oct. 14, 196   |
|   | Total Depth 6700 PBTD 6655  |
| Top Oi des Pay 6054   | Name of Frod. Form. Brinkard  |
|   | 054-60571, 6060-60621, 6065-60751, 6081-60851,  |
| 6.<br>Perforations (140-6)  | 116-6119', 6125-6128', 6130-6132', 6134-6136',<br>42', 6144-6149', 6157-6160', 6172-6175', 6184-61                  |
| F. G. H. Cpen Hole  | Depth Depth Casing Shoe 67001 Tubing 60461  |
| #3 Sec. 2 OIL WELL TEST -   |   |
|   | Chokebbls_oil,bbls water inhrs,min. Size  |
|   | cture Treatment (arter recovery of volme of oil equal to volume of  |
|   | Choke bols water in 24 hrs, 0 min. Size 15/6  |
| GAS WELL TEST -   |   |
|   | MCE/Day: Hours ClowedChoke Size   |
|   | ot, back pressure, etc.):   |
|   | cture Treatment:MCF/Doy; Hours flowed   |
| Set At Choke Size Met   | thod of Testing:  |
| -3/8" 450" 400  |   |
|   | ment (Give amounts of materials used, such as acid, water, di, and 000 gals. BDA then Fractured w/15,000 gals. Les. |
|   | g Date first new <b>6 15,000/ sped</b> .<br>8304 cil run to tanks <b>New 15,000/ sped</b> .                         |
|   | -New Maxico Pipe Line Company   |
|   |   |
|   | hours through 15/64" Choke, T.P. 830#.  |
| narks:  |   |
|   |   |
| I hereby certify that the information given above is  | true and complete to the best of my knowledge.  |
| proved, 19  | Skelly Oil Company  |
|   | (sienas) H. E. Aab  |
| OU CONSERVATION COMMISSION  | By: (Signature )  |
| Ville   | Title. Dist. Supt.  |
| t in the second s | Send Communications regarding well to:  |
| le  | NameSkelly_011 Company  |
|   | Address   |