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NEW MEXICO OIL CONSERVATION COMMISSION

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

Santa Fe, New Mexico

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

New Well
~~EXISTING~~

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

April 28, 1961

(Place)

(Date)

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

Skelly Oil Company

Las Cruces "C"

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

(Company or Operator)

(Lease)

"G"

Sec. **23**

T. **25-S**

R. **37-E**

NMPM, **Justis Tubb Drinkard**

Pool

Unit Letter

Lea

County. Date Spudded **April 2, 1961**

Date Drilling Completed

April 20, 1961

Please indicate location:

D	C	B	A
E	F	G	H
Sec. 23	#1		
L	K	J	I
M	N	O	P

1980' FHL & 1650' FHL

(FOOTAGE)

Tubing, Casing and Cementing Record

Size	Feet	Sax
9-5/8"	Set at 910'	450
7"	6000'	700
2"	5878'	-

Elevation **3098' DP** Total Depth **6000'** PBD **5956'**

Top Oil/Gas Pay **5797'** Name of Prod. Form. **Tubb**

PRODUCING INTERVAL -

Perforations **5850-5912' (intervals)**

Open Hole **-** Depth **6000'** Depth Casing Shoe **5878'** Tubing

OIL WELL TEST -

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

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): **355** bbls. oil, **0** bbls water in **21** hrs, _____ min. Size **3/4"**

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): **Treated w/ 500 gals. Mud Acid by Dowell, Inc.**

Casing Press. **-** Tubing Press. **100%** Date first new oil run to tanks **April 27, 1961**

Oil Transporter **Texas-New Mexico Pipe Line Company**

Gas Transporter **None**

Remarks:

Well flowed 355 bbls. oil through 3/4" choke in 21 hrs., 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]* (Signature)

Title **Dist. Supt.**

Send Communications regarding well to:

Name **Skelly Oil Company**

Address **Box 36 - Hobbs, New Mexico**

By: *[Signature]*

Title _____