

**NEW MEXICO OIL CONSERVATION COMMISSION**  
Santa Fe, New Mexico

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

**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.

**Hebbs, New Mexico**

**July 30, 1962**

(Place)

(Date)

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

**Skelly Oil Company** **West Jal Unit**, Well No. **1**, in **SE** **NE**  $\frac{1}{4}$   $\frac{1}{4}$ ,  
(Company or Operator) (Lease)

**W** **N** Sec. **20**, T. **25-S**, R. **36-E**, NMPM, **Wildcat** Pool

Unit Letter

**Lea**

County. **Dec. 25, 1961** Date Spudded **July 20, 1962** Date Drilling Completed

Elevation **3092' DF** Total Depth **12,058'** PBDT **---**

Top Oil/Gas Pay **11,732'** Name of Prod. Form. **Strawn of the**

**PRODUCING INTERVAL -** **Pennsylvanian**

Perforations **None**

Open Hole **11,732-12,058** Depth Casing Shoe **11,732** Depth Tubing **11,702**

**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 Choke load oil used): \_\_\_\_\_ bbls. oil, \_\_\_\_\_ bbls water in \_\_\_\_\_ hrs, \_\_\_\_\_ min. Choke Size \_\_\_\_\_

**GAS WELL TEST -**

Natural Prod. Test: **6,139** MCF/Day; Hours flowed **2** Choke Size **14/64"**

Method of Testing (pitot, back pressure, etc.): **Back Pressure**

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): **None**

Casing Press. **---** Tubing Press. **6186#** Date first new oil run to tanks **---**

Oil Transporter **Unknown**

Gas Transporter **Unknown**

Remarks: **After 2 hr. flow period gas measured 6,139 MCF per day flowing through 2-1/2" tubing, 14/64" positive choke for a Calculated AOF Potential of 310,000 MCF per day, T.P. 6186#.**

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

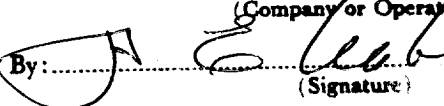
Approved \_\_\_\_\_, 19\_\_\_\_

**Skelly Oil Company**

(Company or Operator)

**OIL CONSERVATION COMMISSION**

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

By:  (Signature)

**Dist. Supt.**

Title \_\_\_\_\_

Send Communications regarding well to:

Name **Skelly Oil Company**

Address **Box 38 - Hebbs, New Mexico**

Title \_\_\_\_\_

**Tubing, Casing and Cementing Record**

Size Feet SAK

20"	Set At 859'	1630
13-3/8"	6,300'	3206
9-5/8"	11,732'	775
2-1/2"	11,702'	---