NEW XICO OIL CONSERVATION COMM

REQUEST FOR (DOK) - (GAS) ALLOWABLE HOPED OFFICE 000 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 for recompletion, pooled 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 M	Hobbs, New Mexico -		October 23, 1958 (Date)	
E ARE	HEREBY R	equesti	ING AN ALLOWABLE	FOR A WELL KNO	OWN AS:		. ,
Skelly Oil Company			Merci co	G ., Well No	2 , in	SE ;	/4
((T	Company or Op	erator) AF	(Le , T. 248 , R. 3		Lengl to-Ma	****	_
unit 1			, T, R, R	(, NMPM.,			Poo
Le	e .		County. Date Spudde	d 8-23-1958	Date Drilling (Completed 9-	-30-1958
	ase indicate l		Elevation 3257 D	Total I	Depth 7993	PBTD	35001
D	C B	A	Top Gas Pay	Name o	f Prod. Form	Queen	
-			PRODUCING INTERVAL -				
			Perforations 3404-	3457' (Intervals)		
E	FG	H	Open Hole	Casing	Shoe	Depth Tubing	34601
	×		OIL WELL TEST -				
L	K J	I	Natural Prod. Test:	bbls.oil,	bbls water i	n hrs,	Choke min. Siże
			Test After Acid or Fra				
M	N O	P	load oil used):		-		Choke
			GAS WELL TEST -				
10001	1997 4. 0.00] 					
-	BNL & 230 asing and Cem					Choke	51ze
Size	Feet	Sax	•			-	
	Set At		Test After Acid or Fra				flowed
3-3/8		325	Choke SizeMe	thod of Testing: Ori			
6 E /6		1000	Acid or Fracture Treat				
8-5/8	* 39551	1700	sand): 500 Acid &	Fractured W/60.	000 gals, 01	1 60,00	XO# Send
			Casing Tubin Press. 475# Press	2001 Date first in to the second se	new tanks		
			Oil Transporter		· · · · · · · · · · · · · · · · · · ·		
			Gas Transporter 🛛	Pase Natural Ga	s Company		
temarks:		potenti	ial test well flow	d 10 berrels le	ad oil. Plo	ved 1643	HCF Gas
			with no load oil be				
			•••••••••••••••••••••••••••••••••••••••			••••••	
I her	eby certify th	at the info	ormation given above is	true and complete to t	ihe best of my kn	owledge.	
pproved			, 19	Skelly	011 Company		••••••
				Q^{*}	Company or	(perator)	
C	DIL CONSEI	RVATION	COMMISSION	By:	(Signati	ure)	·
1	- · ·	16.	1 la	Distr	ict Superint		
y:	1	7.6.7	for the second start of th	Title	Communications	regarding w	cell to:
itle				Ne. (1)	y 011 Compar		
	/				8 - Hobbs, N		
				Address.			· · · · · · · · · · · · · · · · · · ·