

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.

Farmington, New Mexico

4-22-60

(Place)

(Date)

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

Shell Oil Company

Carson Unit

, Well No. 31-24, in NW 1/4 NE 1/4,

(Company or Operator)

(Lease)

B

Unit Letter

Sec. 24

T. 25 N

R 12 W

NMPM,

Bisti - Gallup

Pool

San Juan

County. Date Spudded 3-21-60

Date Drilling Completed 3-27-60

Please indicate location:

Elevation KB 6438

Total Depth 5030

PBD 5029

Top Oil/Gas Pay 4876

Name of Prod. Form. Gallup

PRODUCING INTERVAL -

Perforations 4876-94, 4919-24, 4943-51, 4960-68, 4976-86

Open Hole - -

Depth 5029

Depth 4880

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): 196 bbls. oil, 1 bbls water in 24 hrs, _____ min. Size 2"

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): 200 gal. mud acid + Sand Oil fracture 50,000 gal. crude.

Casing _____ Tubing _____ Date first new _____ 1#/gal. sand.

Press. _____ oil run to tanks 4-15-60

Oil Transporter Four Corners Pipeline

Gas Transporter El Paso Natural Gas Co.

Co. Well - Carson Unit 1

Tubing, Casing and Cementing Record

Size Feet Sax

8-5/8"	105	100
4-1/2"	5029	150
2-3/8"	4880	-

Remarks:

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

Approved APR 26 1960, 19

Shell Oil Company

(Company or Operator)
Original signed by

B. W. SHEPARD

By: B. W. Shepard (Signature)

Title Exploitation Engineer

Send Communications regarding well to:

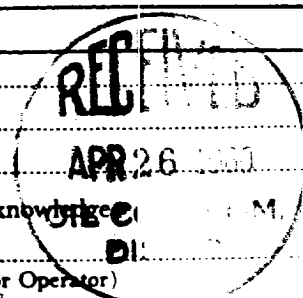
Name Shell Oil Company

Address P. O. Box 158, Farmington, N. M.

OIL CONSERVATION COMMISSION

By: Original Signed Emery C. Arnold

Title Supervisor Dist. # 3



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