

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 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.

Farmington, New Mexico

2-26-58

(Place)

(Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS: **Carson Unit 23-20**

Shell Oil Company **Mudge #3** **SF 078064**, Well No. **23-20** **J3**, in **NE** $\frac{1}{4}$ **SW** $\frac{1}{4}$,
(Company or Operator) (Lease)

K, Sec. **13**, T. **25N**, R. **12W**, NMPM., **Bisti** Pool
Unit Letter

San Juan

County. Date Spudded **1-31-58** Date Drilling Completed **2-6-58**
Elevation **KB 6399.9** Total Depth **5010'** PBDT **5004'**

Please indicate location:

D	C	B	A
E	F	G	H
L	K I	J	I
M	N	O	P

Top Oil/Gas Pay **4871'** Name of Prod. Form. **Gallup**

PRODUCING INTERVAL - **4871-4984'**

Perforations **4871-4900, 4907-16, 4946-51, 4956-70, 4974-84'**

Open Hole **---** Depth **5010'** Casing Shoe **5010'** Depth **4845'** Tubing

OIL WELL TEST - **2-24-58**

Natural Prod. Test: **---** bbls. oil, **---** bbls water in **---** hrs, **---** min. Choke **---** Size **---**

Test After ~~XXXX~~ Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): **493** bbls. oil, **2** bbls water in **24** hrs, **---** min. Choke **64/64"** Size **---**

GAS WELL TEST - **2-24-58**

Natural Prod. Test: **---** MCF/Day; Hours flowed **---** Choke Size **---**

Tubing, Casing and Cementing Record

Size	Feet	SAX
8-5/8"	92	100
4-1/2"	5001	150
2-3/8"	4836	---

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

Test After ~~XXXX~~ Fracture Treatment: **135** MCF/Day; Hours flowed **5 hrs.**

Choke Size **64/64"** Method of Testing: **Critical Flow Prover**

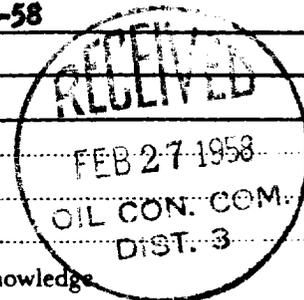
~~XXXX~~ Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): **50,000 gal. crude oil and 1#/gal. 20-40 mesh sand**

Casing Tubing Date first new **---** Press. **195** oil run to tanks **2-24-58**

Oil Transporter **Four Corners Pipeline Co.**

Gas Transporter **---**

Remarks:



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

Approved **FEB 27 1958**, 19

Shell Oil Company

(Company or Operator)

OIL CONSERVATION COMMISSION

By: **M. E. Matheson**
(Signature)

By: **Original Signed Emery C. Arnold**

Title: **Exploitation Engineer**

Send Communications regarding well to:

Title **Supervisor Dist. # 3**

Name **Shell Oil Company**

Address **101 South Behrend, Farmington, New Mexico**

OIL CONSERVATION COMMISSION

AZTEC DISTRICT OFFICE

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