

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

4-3-58

(Place)

(Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS: Gov't. 31-15

Shell Oil Company L. M. Phillips #2 NM 036254, Well No. 31-15, in 1/4 1/4,
(Company or Operator) (Lease)

B, Sec. 15, T. 25N, R. 12W, NMPM, Bist1 Pool

Unit Letter

San Juan

County. Date Spudded 8-19-57 Date Drilling Completed 8-27-57

Elevation KB 6222 Total Depth 4850 PBD -

Top Oil/Gas Pay 4726' Name of Prod. Form. Callup

PRODUCING INTERVAL - 4726-4830'

Perforations 4726-44, 4802-14, 4819-30'

Open Hole - Depth - Casing Shoe 4848' Depth 4726'
Tubing

OIL WELL TEST - 2-15-58

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

Test After ~~Acid~~ Fracture Treatment (after recovery of volume of oil equal to volume of Choke
load oil used): 176 bbls. oil, .2 bbls water in 12 hrs, - min. Size 1"

GAS WELL TEST - 2-15-58

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

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

Test After ~~Acid~~ Fracture Treatment: 120 MCF/Day; Hours flowed 12

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

~~Acid~~ Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 50,000 gal. crude oil and 1 1/2 gal.

Casing - Tubing - Date first new Press. 160 oil run to tanks 2-15-58

Oil Transporter Four Corners Pipe Line Co.

Gas Transporter -

Remarks: _____

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

Approved. APR 8 1958, 19____

Shell Oil Company

(Company or Operator)

Original signed by
B. W. SHEPARD

By: _____
(Signature)

OIL CONSERVATION COMMISSION

By: Original Signed Emery C. Arnold

Title Supervisor Dist. # 3

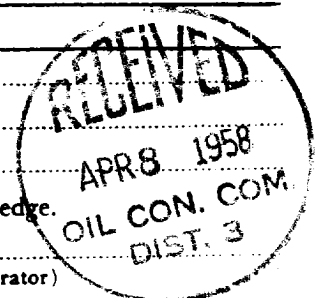
Title Exploitation Engineer

Send Communications regarding well to:

Shell Oil Company

Name 101. S. Behrend Ave., Farmington, N.M.

Address _____



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

Please indicate location:

Tubing, Casing and Cementing Record

Size	Feet	Sax
<u>8-5/8"</u>	<u>85</u>	<u>85</u>
<u>4-1/2"</u>	<u>4839</u>	<u>150</u>
<u>2-3/8</u>	<u>4717</u>	<u>=</u>

OIL CONSERVATION COMMISSION
AZTEC DISTRICT OFFICE

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