NEW; MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well Recompletion

> Choke _min∙ Size_

oil equal to volume of

Choke Size

Choke _min. Size_

This form shall be submitted by the c	operator before an initial allowable will	be assigned to Gary Comp	FFICE OCCUPIED
Form C2104 is to be unwritted in OUAD	RUPLICATE to the same District Offi	ice to which Form C-101	was sent. The allow-
able will be assigned effective 7:00 A.M.	on date of completion or recompletion	n, provided this form is	filed Hurge cliffidar
able will be assigned effective 7:00 A.M. month of completion or recompletion.	The completion date shall be that date	in the case of an oil wel	I when new oil is deliv-
ered into the stock tanks. Gas must be re	eported on 15.025 psia at 60° Fahrenhe	it.	
	Hobbs No	w Mcxi co	9/29/59
\	(Place)		(Date)
WE ARE HEREBY REQUESTING AT	N ALLOWABLE FOR A WELL KN	OWN AS:	
Tidewater Dil Company (Company or Operator)	B. E. Shipp, Well No (Lease)	, in	
G, Sec32, T	16S R.37E , NMPM.,	Lavington Paddock	Pool
Unit Letter		·	
1	D C11.15 /20 /53	Date Dellling Complet	ad7/20/53

Please indicate location:				Elevation 3x06 G Total Depth 8870
D	C	В	A	PRODUCING INTERVAL -
E	F	G.	H	Perforations 6185-87' 6203-16' 6225-47' Depth Open Hole Casing Shoe OIL WELL TEST -
L	K	J	I	Natural Prod. Test:bbls.oil,bbls water in Test After Acid or Fracture Treatment (after recovery of volume of
М	N	0	P	load oil used):108.7 bbls.oil, 4.5 bbls water in 28 h

Natural Prod. Test:_

32, T165, R37E

Tubing , Casing and Gementing Record			Method of Testing (pitot, back pressure, etc.):	
Size	Feet	SAX	Test After Acid or Fracture Treatment: MCF/Day; Hours flowed	
13-3/8	293	350	Choke SizeMethod of Testing:	
	3397	1300	Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand) 2.000 gal. acid. 5.000 gal. murifrac, 5000% sand.	

5-1/2	268	J000	Casing Tubing Date first new Press press Press Quo oil run to tanks Q 23.50
5-1/2 1	iner bun	e 3201	Oil Transporter Tras-New Mexico Pipeline Company
3-276	1	1	Gas Transporter None in area.

___MCF/Day; Hours flowed ___

Remarks:

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

OIL CONSERVATION COMMISSION

By: H. P. C. LA C. F. FORD

(Signature)

Title Area Supressions regarding well to:

Name H. P. Shackelferd

Address Box 547 Hopps, N. M.