

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well

HOBBS OFFICE OCC ~~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.

Roswell, New Mexico
(Place)

October 28, 1959
(Date)

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

Shell Oil Company State E, Well No. 2A, in NW 1/4 NW 1/4,
(Company or Operator) (Lease)

D, Sec. 13, T -20-S, R -36-E, NMPM, Monument Pool
Unit Letter

Lea

County. Date Spudded 8-22-59 Date Drilling Completed 9-2-59

Please indicate location:

R-36-E

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

Elevation 3561' Total Depth 3950' PBD 3790'

Top Oil/Gas Pay 3754' Name of Prod. Form. Grayburg

PRODUCING INTERVAL -

Perforations 3754' - 3778'

T Open Hole - Depth Casing Shoe 3950' Depth Tubing 3769'

OIL WELL TEST -

20 Natural Prod. Test: _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____

S Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 30 bbls. oil, 131 bbls water in 24 hrs, - min. Size * _____

GAS WELL TEST - *Pump 12-64" SPM

330' FWL & 330' FWL, Sec. 13 Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____

Tubing, Casing and Cementing Record

Size	Feet	Sax
8 5/8"	307	250
5 1/2"	3940	300
2"	3761	

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): 1250 gallons 15% NE acid, 250 gal. 7 1/2% Spearhead Acid.

Casing _____ Tubing _____ Date first new _____
Press. _____ Press. _____ oil run to tanks October 24, 1959

Oil Transporter Gulf Pipe Line Company

Gas Transporter Warren Petroleum Corporation

Remarks: Replacement well for State E-2.

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

Approved: OCT 29 1959, 19.....

Shell Oil Company
(Company or Operator)

OIL CONSERVATION COMMISSION

By: R. A. Lowery Original Signed By: R. A. LOWERY
(Signature)

Title: District Exploitation Engineer

By: _____
Engineer District

Send Communications regarding well to:

Title _____

Name: Shell Oil Company

Address: Box 845, Roswell, New Mexico