

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 3/31/58
(Place) (Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS: **Carson Unit 43-18**

Shell Oil Company ~~Mud ge #2 SF 078062~~ Well No. **43-18**, in ~~NE~~ **SE** ~~1/4~~ **1/4**,
(Company or Operator) (Lease)

I Sec. **18** T. **25N** R. **11W** NMPM, **Bisti** Pool
Unit Letter

San Juan County. Date Spudded **2-8-58** Date Drilling Completed **2-15-58**

Please indicate location:

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

Elevation **KB 6436.82** Total Depth **5070** PBTD **--**

Top Oil/Gas Pay **4932** Name of Prod. Form. **Gallup**

PRODUCING INTERVAL - **4932-5040'**

Perforations **4932-46, 4953-71, 4995-5003, 5010-24, 5028-40'**
Depth Depth

Open Hole **--** Casing Shoe **5070** Tubing **50**

OIL WELL TEST - **3-29-58**

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): **96** bbls. oil, **1** bbls water in **24** hrs, _____ min. Size **1 1/2**

GAS WELL TEST - **3-29-58**

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

Tubing, Casing and Cementing Record

Size	Feet	Sax
8-5/8"	102	100
4-1/2"	5061	150
2-3/8"	4923	

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

Test After ~~Acid~~ Fracture Treatment: **59.6** MCF/Day; Hours flowed **4-3/4**

Choke Size **6 1/2"** Method of Testing: **Critical Flow Prover**

Acid or 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. _____ Press. **60** oil run to tanks **3-29-58**

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..... **MAR 31 1958**, 19.....

OIL CONSERVATION COMMISSION

By: **Original Signer Barney C. Arnold**

Title **Supervisor Dist. # 3**

Shell Oil Company (Company or Operator)

Original signed by **B. W. SHEPARD**

By: (Signature)

Title **Exploitation Engineer**
Send Communications regarding well to:

Name **Shell Oil Company**

Address **101 S. Behrend, Farmington, N. Mexico**

OIL CONSERVATION COMMISSION

AZTEC DISTRICT OFFICE

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