

## 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.

Roswell, New Mexico      December 22, 1961  
(Place)      (Date)

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

Shell Oil Company      Trigg-Federal      , Well No. 7 , in NW  $\frac{1}{4}$  SE  $\frac{1}{4}$  ,  
(Company or Operator)      (Lease)

R      , Sec. 6      , T. 163      , R. 31E      , NMPM,      undesignated      Pool  
Unit Letter

Eddy

County. Date Spudded 12-4-61      Date Drilling Completed 12-11-61

Please indicate location:

R-31-E

<u>XX</u> L	<u>XX</u> K	<u>XX</u> J	<u>XX</u> I
<u>XX</u> M	<u>XX</u> N	<u>XX</u> O	<u>XX</u> P
<u>XX</u> T	<u>XX</u> S	<u>XX</u> R	<u>XX</u> Q
<u>XX</u> U	<u>XX</u> V	<u>XX</u> W	<u>XX</u> X

Elevation 3997'      Total Depth 3280'      PBTD 3247'

Top Oil/Gas Pay 3194'      Name of Prod. Form. Premier

PRODUCING INTERVAL -

Perforations 3194' - 3204'

Open Hole -      Depth -      Casing Shoe 3278'      Depth Tubing -

16 OIL WELL TEST -

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

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 43 bbls. oil, - bbls water in 4 hrs, - min. Choke Size 20/64"

GAS WELL TEST -

1980' FSL & 1980' FEL, Sec. 6      Natural Prod. Test: - MCF/Day; Hours flowed -      Choke Size -

Tubing, Casing and Cementing Record

Size	Feet	Size
<u>7 5/8"</u>	<u>175</u>	<u>135</u>
<u>2 7/8"</u>	<u>3269</u>	<u>200</u>

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): 10,000 gallons Humble Frac, 20,000# sand

Casing      Tubing      Date first new  
Press.      Press. 220      oil run to tanks December 20, 1961

Oil Transporter Continental Pipe Line Company

Gas Transporter none

**RECEIVED**

Remarks: -      DEC 26 1961

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

Approved DEC 26 1961 , 19.      Shell Oil Company  
(Company or Operator)

OIL CONSERVATION COMMISSION

By: ML Armstrong

Title OIL AND GAS INSPECTOR

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

Title District Exploitation Engineer  
Send Communications regarding well to:

Name Shell Oil Company

Address Box 1858, Roswell, New Mexico

NUMBER OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
PRODUCTION OFFICE	
OPERATOR	

**NEW MEXICO OIL CONSERVATION COMMISSION**  
**SANTA FE, NEW MEXICO**  
**CERTIFICATE OF COMPLIANCE AND AUTHORIZATION**  
**TO TRANSPORT OIL AND NATURAL GAS**

**FORM C-110**  
(Rev. 7-60)

FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE

Company or Operator <b>Shell Oil Company</b>				Lease <b>Trigg-Federal</b>		Well No. <b>7</b>	
Unit Letter <b>R</b>	Section <b>6</b>	Township <b>16S</b>	Range <b>31E</b>	County <b>Eddy</b>			
Pool <b>undesignated</b>				Kind of Lease (State, Fed, Fee) <b>Federal</b>			
If well produces oil or condensate give location of tanks			Unit Letter <b>K</b>	Section <b>5</b>	Township <b>16S</b>	Range <b>31E</b>	
Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/>  <b>Continental Pipe Line Company</b>				Address (give address to which approved copy of this form is to be sent)  <b>P. O. Box 367, Artesia, New Mexico</b>			
Is Gas Actually Connected? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
Authorized transporter of casing head gas <input checked="" type="checkbox"/> or dry gas <input type="checkbox"/>  <b>none</b>			Date Connected	Address (give address to which approved copy of this form is to be sent)			

If gas is not being sold, give reasons and also explain its present disposition:

**Gas being vented, no pipe line connection.**

**REASON(S) FOR FILING** (please check proper box)

New Well **Completed 12-20-61** ☒  
 Change in Transporter (check one)  
 Oil ☐ Dry Gas ☐  
 Casing head gas ☐ Condensate ☐

Change in Ownership ☐  
 Other (explain below)

**RECEIVED**

**DEC 26 1961**

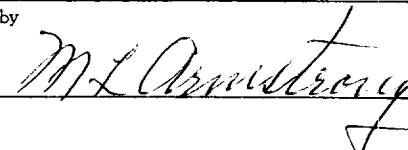
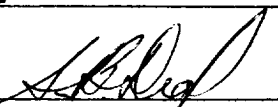
**O. C. C.**

**ARTESIA, OFFICE**

Remarks

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the **22nd** day of **December**, 19**61**.

OIL CONSERVATION COMMISSION		By
Approved by		<b>S. B. Deal</b> 
Title		<b>Division Production Superintendent</b>
Date		Company
<b>DEC 26 1961</b>		<b>Shell Oil Company</b>
		Address
		<b>Box 1858, Roswell, New Mexico</b>