NEV 'EXICO OIL CONSERVATION COM! SION Santa Fe, New Mexico

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(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-107 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.

			(Place) 7-21-58 (Date)
		-	NG AN ALLOWABLE FOR A WELL KNOWN AS: Prod Chilf State ways 1 NE NE NE
10	Company or O	Derator)	Prod. Gulf State Well No. 1 NE NE 1/4, (Lease)
A	Letter	сЦ	., T. 17.S., R. 29E., NMPM., Cave
Edd	у		County. Date Spudded
Please indicate location:			Elevation 3590 GL Total Depth 2447 PBTD 2446
	CB		Top Oil/Gas Pay 2407 Name of Prod. Form. 42 49 544 B
		x	$\frac{\text{PRODUCING INTERVAL}}{2l_{1}00-2l_{1}l_{1}}$
E	F G		Perforations     2409-2414       Open Hole     Depth Casing Shoe     2446
			OIL WELL TEST -
L	K J	I	Choke Natural Prod. Test:bbls.oil,bbls water inhrs,min. Size
M	N O	P	Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of Choke 24/64 load oil used): 104 bbls.oil, No bbls water in 24 hrs,min. Size
			GAS WELL TEST -
			- Natural Prod. Test:MCF/Day; Hours flowedChoke Size
Tubing ,G	asing and Cen	enting Recor	rd Method of Testing (pitot, back pressure, etc.):
Sire	Feet	Sax	Test After Acid or Fracture Treatment:MCF/Day; Hours flowed
8-5/8	34.0	100	Choke SizeMethod of Testing:
			Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and
4-1/2	2446	100	sand): 500 gal. Acid, 10,000# sd & 10,000 gal. 1se orude
2"	24.00		Casing <u>325</u> Tubing <u>125</u> Date first new <u>7-22-58</u> Press. <u>325</u> Press. <u>125</u> oil run to tanks <u>7-22-58</u>
			Oil Transporter Texas-New Mexico Pipe Line Co.
			Gas Transporter
	origina	illy fil	the designated transporter shown on form C-104 led 7-21-58.
I her	eby certify f	hat the info	958 19 Shelton-Warren 011 Producers
Approved.			958
c	DIL CONSE	RVATION	COMMISSION By
<b>D</b>			
my MICILMA			Title Agent Send Communications regarding well to: Name Shelton & Warren Oil Producers
fitle	h	<i></i>	Name Shelton & Warren Oil Producers
			Address. 7.34 Petr. Bldg. Roswell, N.M.

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DERE WED
NEW MEXICO OIL CONSERVATION COMMISSION SANTA FE, NEW MEXILL 22 M58 D 5 C 110 File the original and 4 copies with the appropriate district office)
(File the original and 4 copies with the appropriate district office)
CERTIFICATE OF COMPLIANCE AND AUTHORIZATION 1622 1958 TO TRANSPORT OIL AND NATURAL GAS
Company or Operator <b>Shallon &amp; Marson Old Producting</b> Lease <b>Shall State</b>
Well No Unit Letter S T 199 R 293 Pool
County Kind of Lease (State, Fed. or Patented)
If well produces oil or condensate, give location of tanks: Unit S T R R
Authorized Transporter of Oil or Condensate Supplies Madeo Pipe Line Co.
Address Maland, Same
(Give address to which approved copy of this form is to be sent)
Authorized Transporter of Gas
Address
(Give address to which approved copy of this form is to be sent)
lf Gas is not being sold, give reasons and also explain its present disposition:
Que being flaved until connection may be obtained
ILLEGIBLE
Reasons for Filing: (Please check proper box) New Well()
Change in Transporter of (Check One): Oil ( ) Dry Gas ( ) C'head ( ) Condensate ( )
Change in Ownership () Other () Remarks: () Other ()
Remarks: (Give explanation below)

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

Executed this the <b>22</b> day of		[1
Approved	By	Jupuns en
OIL CONSERVATION COM	ISSION Company Shalton	Harron OLL Prode
By ML amustrong	Address 734 Petro	nadg.
Title_ OIL AND DAS INSPECTOR	Bosuall,	

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