

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well
~~XXXXXXXXXX~~

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-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
(Place)

9-27-60
(Date)

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

Shell Oil Company Mudge #5, Well No. 5, in NE $\frac{1}{4}$ SE $\frac{1}{4}$,
(Company or Operator) (Lease)
I, Sec. 27, T. 25N, R. 11W, NMPM., Bisti - Gallup Pool
Unit Letter

San Juan

County. Date Spudded 10-3-56

Date Drilling Completed 10-13-56

Please indicate location:

Elevation KB 6731.7 Total Depth 5308 PBD 5270

Top Oil/Gas Pay 5112 Name of Prod. Form. Gallup

PRODUCING INTERVAL -

Perforations 5112 - 5130 - 5141 - 5148

Open Hole _____ Depth _____ Casing Shoe 5296 Depth _____
Tubing 5151

OIL WELL TEST -

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

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of
load oil used): _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____
Choke

GAS WELL TEST -

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

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

Test After Acid or Fracture Treatment: 620 MCF/Day; Hours flowed 24hrs

Choke Size 48/64 Method of Testing: Flowprover

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and
sand): * Sand oil Fracture 40,000 gal. crude, 55,000 # Sand.

Casing _____ Tubing _____ Date first new
Press. 285 Press. 140 oil run to tanks _____

Oil Transporter Four Corners Pipeline

Gas Transporter El Paso Natural Gas Co.

Remarks: Request top gas allowable based on applicable oil allowable and 2000 cu. ft./
bbls. GOR.
* 1151 bbls frac oil remaining in hole.

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

Approved. SEP 27 1960, 19____

OIL CONSERVATION COMMISSION

By: Original Signed Emery C. Arnold

Title Supervisor Dist. # 3

Shell Oil Company
(Company or Operator)
Original Signed By
W. M. MARSHALL

By: _____
(Signature)

Title Division Exploitation Engineer

Send Communications regarding well to:

Name Shell Oil Company, P. O. Box 1200

Address Farmington, New Mexico

