

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 3-21-60
(Place) (Date)

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

Shell Oil Company Carson Unit, Well No. 13-18, in NW 1/4 SW 1/4,
(Company or Operator) (Lease)
L Sec. 18, T. 25N, R. 11W, NMPM., Bisti-Gallup Pool
Unit Letter
San Juan County. Date Spudded 1-11-60 Date Drilling Completed 1-17-60

Please indicate location:

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

Elevation KB 6395 Total Depth 5040 PBTD 5038

Top Oil/ Gas Pay 4874 Name of Prod. Form. Gallup

PRODUCING INTERVAL -

Perforations 4874-90, 4892-98, 4904-12, 4954-68, 4974-84

Open Hole _____ Depth _____ Casing Shoe 5038 Tubing 4880

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): 25 bbls. oil, _____ bbls water in 24 hrs, _____ min. Size 2" 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: _____ 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): 200 gal. mud acid and sand oil fracture 50,000 gal. crude,
Casing _____ Tubing _____ Date first new _____
Press. _____ Press. _____ oil run to tanks 17/gal. sand

Oil Transporter Four Corners Pipe Line

Gas Transporter El Paso Nat'l Gas Co.

Remarks: _____

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

Approved: MAR 25 1960, 19____ Shell Oil Company
(Company or Operator)

Original signed by

By: B. W. SHEPARD

R.S. Mac Alister, Jr. (Signature)

Title Division Exploitation Engineer

Send Communications regarding well to:

Name Shell Oil Company

P.O. Box 158

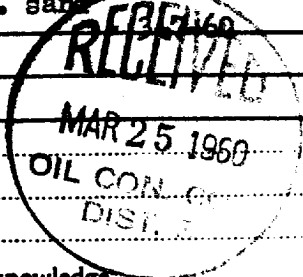
Address Farmington, New Mexico

OIL CONSERVATION COMMISSION

Original Signed Emery C. Arnold

By: _____

Title Supervisor Dist. # 3



STATE OF NEW MEXICO		
OIL CONSERVATION COMMISSION		
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