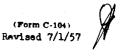
NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico



REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well

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. Cas must be reported on 15.025 psia at 60° Fahrenheit.

				Farmington	, New Mexico	12-30-58
				(Place)		(Date)
			NG AN ALLOWABLE F			
ell O	il Compa	ny	Carson Unit	, Well No.	31-17 in	NW 1/4 NE 1/4,
Unit Le	Se	c <u>17</u>	., T. 25N , R. 11N	, NMPM.,	Bisti	Pool
•				77-17-58	Date Dat 3314	11-23-58
			County. Date Spudded	Total	Danth 5040) porth
Pleas	se indicate	location:	Top Oil Sas Pay 49	10	Deptil	PBTD
D	C B	A	Top Oil/Oas Pay	Name	of Prod. Form.	- Garanto
			PRODUCING INTERVAL -			•
	X		Perforations 4910	-4930, 4938-4 9)54	
E	F G	H	Open Hole	Depth Casir	ng Shoe 503 0	Depth Tubing 4900
L	K J	ī	OIL WELL TEST -			Choke
_			Natural Prod. Test:	bbls.oil,	bbls water i	n hrs, min. Size
						me of oil equal to volume of
M	N O	P	load oil used): 9	bbls,oil,	bbls water in	4 hrs, min. Size 2
ŀ						
			GAS WELL TEST -			
			_ Natural Prod. Test:	MCF/I	Day; Hours flowed _	Choke Size
bing ,Cas	ing and Cer	menting Reco	rd Method of Testing (pito	t, back pressure, et	tc.):	
Size	Feet	Sax	Test After Acid or Frac	ture Treatment:	МС	F/Day; Hours flowed
			7	-		
8 5/8	107	100	Gloke SizeMeti	lod of fescings		
	5000	350	Acid or Fracture Treatme	ent (Give amounts of	materials used, s	uch as acid, water, oil, and
4 1/2	5030	150	- sand): 200 gal. m	ud scid, 50,00	00 gal.crude.	1 #/gal. sand. 300 b
2/0	4000	1	Casing Tubing Press Press	Date first	new 12-2	-58
2 3/8	4900		PressPress	oll run to	tanks	
			Oil Transporter	our corners ri	pe line	
	 	<u> </u>	Gas Transporter			
marks:		•••••				WELL TO

						QLU-, 1058
T L 1			ormation given above is tr	ne and complete to	the best of my kn	owledge DEC 31 1958 Operator) Oll DIST. 3
1 nerei	by certify i	nat the inic	nen 91 1958	Shell	011 Company	DEO W. Co
proved			DEC 31 1958 , 19		(Company or	Operator) Oll CON. 3
				R	O(0)	
OI	IL CONSE	ERVATION	COMMISSION	By: 3	(Signate	ure)
Owier	inal Sia-	and Former	mr C. Amold	E.	` `	
Urig	HIZI JIKI	ica cine	ry C. Arnold		ploitation Er	regarding well to:
J. Si	upervisor [Dist. # 3				
ile		***************************************		Sh Name	nell Oil Compa	iny
				70	95 W. Municipa	al Detero
				Address	·> we ranticibi	T NIIAR

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