## NEW MEXICO OIL CONSERVATION COMMISSION Santa Fe, New Mexico

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

## 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. Gas must be reported on 15.025 psia at 60° Fahrenheit.

			(Place) (Date)
			NG AN ALLOWABLE FOR A WELL KNOWN AS: Carson Unit 21-13
<b>She11</b> (C	11. Compa	ny Madge perator)	#3SF 078064, Well No. 21=13, in #2
G	Sec	13	., T25N , R. 12N , NMPM., Bisti
Sar	JuanCo	unty	County. Date Spudded4-15-58 Date Drilling Completed 4-21-58
	se indicate	•	Elevation XR 6365.3! Total Depth 5010! PBTD 5002!
DI	C B	A	Top Oil/Gas Pay 4860 Name of Prod. Form. Gallup
	I	*	PRODUCING INTERVAL - 4860-49741
E			Perforations 4860-86, 4890-4900, 4940-54, 4958-74
°	FG	H	Depth Depth Open Hole Casing Shoe 5007! Tubing 4852!
		_	OIL WELL TEST - 5-15-58
L	K J	I	Choke Natural Prod. Test:bbls.oil,bbls water inhrs,min. Size
			Test After Fracture Treatment (after recovery of volume of oil equal to volume of
M	N O	P	Choke load oil used): 869 bbls.oil, 1 bbls water in 21 hrs, min. Size 61/61
			GAS WELL TEST - 5-15-58
			Natural Prod. Test: MCF/Day; Hours flowed Choke Size
tubing Ca	sing and Cem	enting Recor	
Size	Feet	Sax	Test After Tracture Treatment: 387 MCF/Day; Hours flowed 6 3/4
4 7 (4)			Choke Size 64/64 Method of Testing: Critical Flow Prover
8 5/8	941	<b>10</b> 0	
420	49981	150	Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and
2 2/01	19121		sand): 53,000 gel orde oil & 4#/cel 20 40 mesh sand.
2 3/81	4843		Press. — Press. 450 oil run to tanks 5-10-58
			Oil Transporter Four Corners Pipeline Company
<b></b>	<u></u>		Gas Transporter
Remarks:			RIT
••••••	•••••	••••••	/ RLULL (1)
			rmation given above is true and complete to the best of my knowledge of CON. COM.
1 here	by certify the	at the into	The CON CO.
Approved	•••••	.MAY	(Company or Operatory - 107, 3
O	I. CONSEI	RVATION	COMMISSION By: B. W. SHEPARD
			(Signature)
By:	ten to the	ani Sm	Title Exploitation Engineer
Piela	e	- Dist. #	Send Communications regarding well to:
	•••••••••••••••••	***************************************	NameShell 011 Company
			Address 101. South Behrend, Farmington, N. M.

**30** 1 3 4

Marie St.