

NEW MEXICO OIL CONSERVATION COMMISSION  
Santa Fe, New Mexico

DUPLICATE

## 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-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 oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Hobbs, New Mexico  
(Place)November 10, 1952  
(Date)

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

Shell Oil Company State A, Well No. 1, in SE 1/4 SW 1/4,  
(Company or Operator) (Lease)  
N, Sec. 2, T 11-S, R. 37-E, NMPM., Echol Pool  
(Unit)

Lea County. Date Spudded 7-2-52, Date Completed 11-1-52

Please indicate location:

	Sec. 2		
	X		

Elevation 3949 Total Depth 11,756, P.B.

T Top oil/compay 11,504.1 Prod. Form Devonian

11 Casing Perforations: or

S Depth to Casing shoe of Prod. String 11,617

Natural Prod. Test 948 BOPD

based on 948 bbls. Oil in 24 Hrs. 0 Mins.

Test after acid or shot BOPD

Based on bbls. Oil in Hrs. Mins.

Gas Well Potential

Size choke in inches 1/2"

Date first oil run to tanks or gas to Transmission system: 10-28-52

Transporter taking Oil or Gas: Service Pipe Line

Remarks:

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

Approved NGV 12 1952, 19

OIL CONSERVATION COMMISSION

By: R. S. Blyman  
Engineer District I  
Title

Shell Oil Company  
(Company or Operator)

By: J. D. Savage  
ORIGINAL SIGNED BY J. D. SAVAGE  
(Signature)

Title Division Exploitation Engineer  
Send Communications regarding well to:

Name Shell Oil Company

Address Box 1957, Hobbs, New Mexico

CONSERVATION COMMISSION	
HOBBS DISTRICT OFFICE	
No. Copies Received	
DISTRIBUTION	
Operator	<input checked="" type="checkbox"/>
Santa Fe	<input checked="" type="checkbox"/>
State Land Office	<input type="checkbox"/>
Transporter	<input type="checkbox"/>
U. S. G. S.	<input checked="" type="checkbox"/>