## NEW : XICO OIL CONSERVATION COMMI ON Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (CAS) ALLOWABLE

## New Well Recomplexions

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 2:00 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)         (Place)       (Date)         (Date)         State VAA       Well No. 1       , NE       (Leas)         State VAA       Well No. 1       , NE       SW       (Leas)         Vertice Spudded (13-51       Date Dation         D County. Date Spudded (13-52       Date Dation       2001/300 13061 DF       Total Depth 90061       PBED 3977*         D County. Date Spudded (13-51       Date Dation       2001/300 13061 DF       Total Depth 90061       PBED 3977*         D County. Date Spudded (13-51       Name of Prod. Form.       Abo         Perforations 3763*       STOTO 1/300 Fay       SUBE 10 EQU/1       County Date Spudded (13-51         E F G H       Total Depth 90061       Depth 3002       Depth Material Prod. Test:         L X J I       Natural Prod. Test:       County Date Spudded (13-51       Depth Soc 90061       Depth Soc 90061       Depth 302 F21*						Roswell,	New Mexico	2	July	24, 190	61
Shell, Oil, Company Operany:       State VAA       Well No. 1       In. NE       M. M.         (Company or Operany:       State VAA       Well No. 1       In. NE       M. M.         (Company or Operany:       State State       NAPM,       Undesignated       Pool         Unit Mare       Lea       County. Date Spuided, State State       Pool       Pool       Pool         Press       County. Date Spuided, State State       State State       Pool       Pool       Pool         Press       County. Date Spuided, State State       State State       Pool       Pool       Pool         Press       County. Date Spuided, State       State State       Pool       Poo	. <b></b>					(Place)					
K       Sec       Sec       T       183       R       35E       NMPM.       undesignated       Pool         Void Later         Less       County. Date Spudded. Sml8Sl       Dets Detlins Completed       715Sl         Please indicate location:       210011/000 Pay.       87281       Name of Prod. Form.       Abo         P       G       B       A       Perforations       87281       - Status       Abo         Perforations       87281       - Status       - Status </th <th>VE ARE H</th> <th>EREBY RE</th> <th>QUESTI</th> <th>NG AN ALLOV</th> <th>ABLE FOR</th> <th>A WELL KN</th> <th>IOWN AS:</th> <th></th> <th></th> <th></th> <th></th>	VE ARE H	EREBY RE	QUESTI	NG AN ALLOV	ABLE FOR	A WELL KN	IOWN AS:				
K       Sec       Sec       T       183       R       35E       NMPM.       undesignated       Pool         Void Later         Less       County. Date Spudded. Sml8Sl       Dets Detlins Completed       715Sl         Please indicate location:       210011/000 Pay.       87281       Name of Prod. Form.       Abo         P       G       B       A       Perforations       87281       - Status       Abo         Perforations       87281       - Status       - Status </td <td>Shell</td> <td>Oil Comp</td> <td>any</td> <td>St</td> <td>ate VAA</td> <td>, Well No</td> <td>1</td> <td>, in</td> <td><u>NE</u></td> <td>SW</td> <td></td>	Shell	Oil Comp	any	St	ate VAA	, Well No	1	, in	<u>NE</u>	SW	
Les       County: Date Spudded       6-18-61       Date Dething Completed       7-15-61         Please indicate location:       R-15-R       Total Depth       90061       PBTD       69771         D       C       B       A       Perforations       37231       Name of Prod. Form.       Abo         E       F       G       H       Perforations       37231       - 57631       87761       - 83111       68211       - 83101         E       F       G       H       Perforations       37231       - 57631       87761       - 83111       68211       - 83101         L       K       J       I       Instruct Prod. Test:       Depth       Depth       - 80061       Depth       87511         L       K       J       I       103 UNETSIT       - 67681       87761       - 83111       86211       - 83101       - 67682	( Con	ipany or Oper	1100 ( 100 E		(Lease)						
Please indicate location:       Beaching:       32621 DEC       Total Depth       90061       PETD       39771         D       C       B       A       Top 01/000 Pay       87231       Name of Prod. Form.       Abo         B       F       G       H       Perforations       87231       - 57631, 57761       - 831L1 & 682L1       - 804D1         E       F       G       H       Topen Hole       - Casing Shoe       20061       Tubing       875L1         L       X       J       I       Both       - Casing Shoe       20061       Tubing       875L1         L       X       J       I       Both       - Casing Shoe       20061       Tubing       875L1         L       X       J       I       Both       - Casing Shoe       20061       Tubing       875L1         L       X       J       I       Both       - Casing Shoe       20061       Tubing       875L1         L       X       J       I       Both       Stop Freetower Freetower Freetower Freetower Freetower Freetower Jone       Choke Size       - Incole 20/Cole         Stop Freetower Freetower Freetower Freetower Freetower Freetower Freetower Freetower Freetowere Incole       McF/Day: Hours flowed	Unit Lett	, Sec er	<b>?</b>	, T <u>1</u> 05	R	, NMPM.,	undes	ignate	<u>a</u>	••••••	Pool
Pieze indicate location:       Slevation:       32631 DEC       Total Depth       90061       PETD       39771         D       C       B       A       Top 01/000 Fay.       87281       Name of Prod. Form.       Abo         B       C       B       A       Perforations.       87281       Name of Prod. Form.       Abo         E       F       G       H       Top 01/000 Fay.       87281       -       83111.       68211       -       682111       -       -       6		Lea		County Data	Smuddad 6m	18-61	Date Del 11		lated	7-15-6	(7
R=35-E       Top 01/200 Pay_8728'       Name of Prod. Form.       Abo         D       G       B       A       Perforations_8728' = \$763', \$776' = 8311', \$821' = 8340'         E       F       G       H       Perforations_8728' = \$763', \$776' = 8311', \$821' = 8340'         E       F       G       H       Topen Hole	Diana			Elevation	3968 1 DI	F . Total	Depth 90	061	PRTD	80771	24
B       G       B       A         PRODUCING INTERVAL -       Perforations       8723' - 5763', 8776' - 88311', 6821' - 8810'         E       F       G       H       Topen Hole	R=	-35-E	auon								
I       K       J       I       13       13       13       140	DC	B	A			No lie	of Fide. Form.	·		<b></b>	
I       R       J       I       BOIL WELL TEST -       Choke         N       N       O       P       Natural Pred. Testsbbls.oil,bbls water inhrs,min. Size_       Choke         N       O       P       Statural Pred. Testsbbls.oil,bbls water inhrs,min. Size_       Choke         N       O       P       Statural Pred. Testsbbls.oil,0 bbls water inbrs,min. Size_       Choke         Sor       Fert       Sat       Hethod of Testing (pitot, back pressure, etc.);       Choke Size         13 3/8#       302       290       Choke Size       MCF/Day; Hours flowed         13 3/8#       302       290       Choke Size				Perforations	8728' - 8	7681. 8776	- 8811.	882).I	- 8810	t	
A       J       Image: Constraint of the information given above is true and complete to the best of my knowledge. proved       Natural Prod. Test:	E	G	H	T Open Hole	-	Depth Casin	g Shoe <b>90</b> 0	61			
A       J       Image: Constraint of the information given above is true and complete to the best of my knowledge. proved       Natural Prod. Test:	<del></del>	_		18 OIL WELL TEST .	•						
M       N       O       P         Stest After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of vol						bbls.oil.	bbls wat	er in	bre	Ci	hoke
M       N       O       P       load oil used): <u>110</u> bbls,oil, <u>0</u> bbls water in <u>21</u> hrs, <u>-</u> min. Size <u>20/6</u> GAS MELL TEST -       MCF/Day: Hours flowed				S							
GAS WELL TEST -         30' FSL & 1980' FWL, Sec Nural Prod. Test:       MCF/Day; Hours flowed	MN	0	Р								
B0' FSL & 1980' FWL, SeC Neural Prod. Test:       MCF/Day; Hours flowed										· •	
Interformation of the sting (pitot, back pressure, etc.):         Sire Feet Sax         Test After Acid or Fracture Treatment:       MCF/Day; Hours flowed         13       3/81       302       290         8       5/81       3189       200       Choke Size       Method of Testing:         Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand):       250       200         14       1/21       8995       690       Casing       Tubing       Date first new         Press.       0il run to tanks       July 20, 1961       0il of a stransporter       1001         21       87514       Gas Transporter       None       1001       Company         Gas Transporter       None       Shell Oil Company       10       10         I hereby certify that the information given above is true and complete to the best of my knowledge.       Signed By         OIL CONSERVATION COMMISSION       R. A. Lowery Original Signed By         Weight A       Interformation Engineer         Send Communications regarding well to:       Name       Chell Oil Company         Name       Chell Oil Company       Shell Oil Company	ROI FST	2. 10ROL I	 								
8 5/8*       3189       200         Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand):       250 gallons acid Casing         1 1/2*       8995       690         2*       8754       010 run to tanks       July 20, 1961         011 Transporter       Toxes-New fewsion       July 20, 1961         012 Transporter       None       Shell Oil Company or Operator)         013 Conserved	Sire	Freet	54X	Test After Acid	l or Fracture T	reatment:		MCF/Day	; Hours fl	owed	
0       310       200       sand):       250 gallons acid         14       1/2"       8995       690       Date first new oil run to tanks       July 20, 1961         2"       8754       0il Transporter       Texes-New Jexico Pipe Line       ////////////////////////////////////											
4 1/2"       8995       690       Casing	8 5/8"	3189	200				materials used	d, such a	s acid, wa	ter, oil,	and
2*       8754       Press	1. 1/21	8005	600								
Gas Transporter_ NONE         marks:         Affiling and the information given above is true and complete to the best of my knowledge.         proved       ,19         Shell Oil Company         (Company or Operator)         (Company or Operator)         (Signature)         Mame         District Exploitation Engineer         Send Communications regarding well to:         Name         Shell Oil Company         Original Signed By         By:         R. A. Lowery         Original Signed By         By:         By:         District Exploitation Engineer         Send Communications regarding well to:         Name         Shell Oil Company	4 4 2	0995	090	Press.	Press.	oil run to	tanks				
Gas Transporter_ NONE         marks:         Affiling and the information given above is true and complete to the best of my knowledge.         proved       ,19         Shell Oil Company         (Company or Operator)         (Company or Operator)         (Signature)         Mame         District Exploitation Engineer         Send Communications regarding well to:         Name         Shell Oil Company         Original Signed By         By:         R. A. Lowery         Original Signed By         By:         By:         District Exploitation Engineer         Send Communications regarding well to:         Name         Shell Oil Company		0.75%		0il Transporter	Texas-Ne	W lexico I	IDE Line	P	1,11	. (6	11
I hereby certify that the information given above is true and complete to the best of my knowledge.         proved       ,19         OIL CONSERVATION COMMISSION       Shell Oil Company         Ite       District Exploitation Engineer         Send Communications regarding well to:         Name       Ohell Oil Company         Out CONSERVATION COMMISSION       Signature         Ite       District Exploitation Engineer         Send Communications regarding well to:       Send Company         Name       Ohell Oil Company	2"	0154		•							7
proved	marks:	Vaci	1.11. 12	ale o	1						
proved		·····	·····					••••••			•
OIL CONSERVATION COMMISSION i.e	I hereby	certify that	the infor	mation given ab	ove is true and	-			dge.		• • • • • • • •
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Image: Strict Conversion       By	/			11		Ð	A T	or Opera	nal Signed	a B <b>y</b>	
Title District Exploitation Engineer  Title Send Communications regarding well to:  Name Shell Oil Company  Data 2959 Research Laws Maria and	OIL	CONSERV	ATION	COMMISSION	B	n. ly:	H. LOWERY	Origi	LOWE	RY.	<b></b>
te	1			n produce		···					
Name Shell Oil Company	:						· · · · · · · · · · · · · · · · · · ·				
	-			-		Send	Communicati	ons rega	rding well	to:	
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Address Box 1858, Roswell, New Mexico						GLUC					
	1				· · · · · · · · · · · · · · · · · · ·	ddress.Box	1858, Ro	swell,	New Mez	cico	

NUMET N OF COPIES RECEIVED DISTRIBUTION		~	NEW MEX	ICO OIL	CONSE	RVATI	ION COmr SSION		FORM C-110	
FILE U.S.C.J LAND OF FICE CIL TRANSPORTER GAS						NCE	EXICO AND AUTHORIZATI NATURAL GAS, 2		(Rev. 7-60)	
PRORATION OFFICE		1					E APPROPRIATE OFFICE			
Company or Operator	hell (	)il Compan		<u></u>		4	Bease State VAA		Well No.	
Unit Letter Secti K		ownship	<b>1</b> 85	Range	35	<u>-</u>	County Lea			
Pool	S     S       indesignated     Kind of Lease (State, Fed Fee)								ate	
If well produces oil give location	or condens		Unit Lett	er N		ection 5	Township 185	Range	35E	
Authorized transporter of oil		ensate			Address	(give add	dress to which approved copy of	f this fo	rm is to be sent)	
Permian Corporation (Trucks) P. 0. Box 4157, Midland, Texas										
		Is Gas A	Actually C	onnected			No			
Authorized transporter of casing	g head gas	Tor dry gas	s Date necto	Con- ed	Address	(give add	dress to which approved copy o	f this fo	rm is to be sent)	
none						<u></u>				
If gas is not being sold, give re	<b>asons and</b>	also explain it	s present dis	sposition:						
Gas being wonted, no pipe line connection										
		RE.S	ON(S) FOR	FILING	(please	check p	roper box)			
New Well July. 20.9. 1961 T       Change in Ownership         Change in Transporter (check one)       Other (explain below)         Oil       Dry Gas										
6		gas. 🔂 Co								
Remarks										
The undersigned certifies the	hat the R	ules and Regu	lations of t	the Oil Co	onservat	on Comr		with.		
Ex	cecuted th	is the <u>2</u> 81	h day of .		July		, 19_ <b>61</b> .			
OIL CONS		DN COMMISSI			By	6. B.			/	
Approved by	م م	$\beta$	;		Title		ion Froduction Supe	rinte	ondent	
Ťitle	<u> </u>				Compa	у	0il Company			
/					Addres		ora company			
Date							358, Roswell, New L	exico	)	

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