REQUEST FOR (OIL) - (CAS) 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.

						Roswell, New Mexico				_			
						(Place)				(D	ate)		
			-	ING AN ALLO						_			
					Alen Estate (Less)	, Well No	4	, in	NB	.¼N	Œ	!/4,	
	_	any or Ope		т19-5	, ,	NMPM	Pear	l Queen				Pool	
Unit	Letter	-											
L	ea			County. Dat	e Spudded4-	4-60	Date	Drilling Co	mpleted	4-17	-60	·	
Please indicate location:			cation:	Elevation 3708 DF Total Depth 5000 PBTD									
D	C	B		Top Oil/	Pay 47281	Name o	of Prod.	Form.	Queen				
"		"	^	PRODUCING INT	ERVAL -								
			ļ	Perforations	4728 - 47	331						—	
E	F	G	H	m Open Hole	-	Depth Casin	g Shoe	49961	Depth Tubing	47	1561		
				9 OIL WELL TEST									
L	K	J	I	6	-							Choke	
			1.	Natural Prod.	Test:	bbls.oil,	bb1	ls water in	hrs	·	in. S	Size	
	- 40		1	ſ	cid or Fracture T						Choke	•	
M	N	0	P	load oil used	d): <u>80</u> bbls				hrs, _	min.	Size	*	
				GAS WELL TEST	<u>-</u>	*Pump	10-54"	SPM					
6601	FNL 8	660	FEL, Se	C. Natural Prod.	•	MCF/D	av: Hours	s flowed	Chok	e Size			
					sting (pitot, bac					_	•		
Size Feet Sax			_							. 61 avia	,	******	
	- 1			7	cid or Fracture T	*****				s flowed			
8 5	5/81	98'	85	Choke Size	Method of	Testing:							
				Acid or Fract	ure Treatment (G	ive amounts of	material	ls used, suc	h as acid	, water,	oil,	and	
5 1	./2"	4987	200		298 gallons			_					
2"	Ì	47491		Casing	Tubing	Date first	new		•				
-		7177		-	Press			-					
					ter <u>Shell</u> P		-						
ļ				Gas Transport	ter Phillip								
Remarks	s:		••••••		*************************	***************							
								•••••			· · · · · · · · ·		
· • • • • • • • • • • • • • • • • • • •										•••••	· · · · · · · · ·		
I h	ereby	certify th	at the info	ormation given	above is true ar	d complete to	the best	of my know	wledge.				
Approve	-	May			19. 6 0.		.Shell		many				
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	OII	CONSER	VATION	OMMISSIO	N / 2	Ву:	L LOW	EKY	R	. A. I	owe	ry	
	11/10	(•		(Signature					
Bo: //		1/1/1	Men	1116/		Title		loitatio					
-,				7	5. 1 \$	Send	Comm	unications r	egarding	well to:	:		
litle						Name Shell Oil Company							
						Address	Box 8	5. Rosw	all, Ne	w. Mex	ico-		