

NEW MEXICO OIL CONSERVATION COMMISSION  
Santa Fe, New Mexico

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

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

Albany, New Mexico  
(Place)

August 26, 1957  
(Date)

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

Well No. 11, Albany, State of New Mexico, Well No. 1, in 1/4, 1/4, 1/4, 1/4, (Company or Operator) (Lease)  
Sec. 20, T. 10N, R. 27E, NMPM, Albany Pool

Please indicate location:

D	C	B	A
E	F	G	H
L	K	J	I
M	N	O	P

County. Date Spudded 7-10-57 Date Drilling Completed 8-10-57

Elevation 2115 Total Depth 4002 PBD 2066

Top Oil Pay 2802 Name of Prod. Form. Albany

PRODUCING INTERVAL -

Perforations 2802' - 2810' & 2824' - 2831'

Open Hole - Depth Casing Shoe 1102' Depth Tubing 2510'

OIL WELL TEST -

Natural Prod. Test: - bbls. oil, - bbls water in - hrs, - min. Size Choke

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): 114 bbls. oil, - bbls water in 50 hrs, - min. Size 16/64" Choke

GAS WELL TEST -

Natural Prod. Test: - MCF/Day; Hours flowed - Choke Size -

Method of Testing (pitot, back pressure, etc.): -

Test After Acid or Fracture Treatment: - MCF/Day; Hours flowed -

Choke Size - Method of Testing: -

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand):

Casing Tubing Date first new oil run to tanks August 27, 1957  
Press. Press.

Oil Transporter Texas-New Mexico Pipeline Company

Gas Transporter none

Remarks: \* 25,000 gallons yellow lake crude, 50 rubber balls, 25,000 pounds lost additive, 10000.

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

Approved: \_\_\_\_\_, 19\_\_\_\_

OIL CONSERVATION COMMISSION

By: \_\_\_\_\_

Title \_\_\_\_\_

Shell Oil Company  
(Company or Operator)

By: \_\_\_\_\_  
(Signature)

Title: \_\_\_\_\_  
Send Communications regarding well to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_