

NEW MEXICO OIL CONSERVATION COMMISSION  
Santa Fe, New Mexico

(Form C-104)  
(Revised 7/1/52)

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.

Robbs, New Mexico

1-13-56

(Place)

(Date)

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

Shell Oil Company

Christmas

Well No. 2-1

in 1/4

NE

1/4

(Company or Operator)

(Lease)

R

Sec. 21

T. 22-S

R. 36-W

NMPM,

South Tunioc

Pool

(Unit)

7-22

County. Date Spudded.

12-13-55

Date Completed.

12-26-55

Please indicate location:

			X

Elevation. 3514'

Total Depth. 3842'

P.B. 3806'

Top oil/gas pay. 3768'

Name of Prod. Form. 2-1

Casing Perforations: 3768'-3776', 3780'-3788', 3794'-3800' or

Depth to Casing shoe of Prod. String. 3841'

Natural Prod. Test. BOPD

based on. bbls. Oil in. Hrs. Mins.

Test after acid or shot. 51 BOPD

Based on. 51 bbls. Oil in. 24 Hrs. Mins.

Gas Well Potential.

Size choke in inches. 2" tubing

Date first oil run to tanks or gas to Transmission system: 1-13-56

Transporter taking Oil or Gas: Texas-New Mexico Pipeline

Remarks: \* Treated via casing w/10,000 gallons gelled lease oil containing 1% sand/gallon.

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

Approved. 19.

Shell Oil Company

(Company or Operator)

By:

J. T. Curry

(Signature)

Acting Division Exploitation Engineer

Title:

Send Communications regarding well to:

Shell Oil Company

Name:

Box 1057, Robbs, New Mexico

OIL CONSERVATION COMMISSION

By: [Signature]

Title: