

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

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.

Artesia, New Mexico 12-8-52
(Place) (Date)

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

Wilson Oil Company Shell-State, Well No. 13, in SE $\frac{1}{4}$ NE $\frac{1}{4}$,
(Company or Operator) (Lease)
H, Sec. 13, T. 21, R. 34, NMPM., Wilson Pool
(Unit)
Lea County. Date Spudded 11-22-52, Date Recompleted 12-6-52

Please indicate location:

Sec. 13-21-34

Casing and Cementing Record

Size Feet Sax

Elevation 3665 Total Depth 4139, P.B. 3870Top oil/gas pay 3830 Prod. Form Seven Rivers

Casing Perforations: _____ or

Depth to Casing shoe of Prod. String _____

Natural Prod. Test 720 BOPDbased on 30 bbls. Oil in 3 Hrs - Mins.

Test after acid or shot _____ BOPD

Based on _____ bbls. Oil in _____ Hrs _____ Mins.

Gas Well Potential _____

Size choke in inches Snubbing and FlowingDate first oil run to tanks or gas to Transmission system: 12-6-52Transporter taking Oil or Gas: New Mexico Pipe Line Co.

Remarks: Shell-State 13 is a recompletion in a new zone; thus allowable
is requested to be effective on date oil was first run to tanks.

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

Approved _____, 19____

OIL CONSERVATION COMMISSION

By: [Signature]

Title _____

Engineer District 8

Wilson Oil Company

(Company or Operator)

By: [Signature]

(Signature)

Title Vice-President

Send Communications regarding well to:

Name N. Raymond LambAddress P. O. Box 1436, Artesia, N. M.