

REQUEST FOR (OIL) - (GAS) ALLOWABLE

~~Recompletion~~
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.

Artesia, New Mexico January 10, 1961

(Place)

(Date)

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

RESER AND SHILDON

Steeler B

, Well No. **1**, in **NE** $\frac{1}{4}$, **SE** $\frac{1}{4}$,

(Company or Operator)

(Lease)

I

Sec. **20**

T. **23S**

R. **37E**

NMPM,

Langlie Mattix

Pool

Unit Letter

Lee

County. Date Spudded

Date Drilling Completed

Nov. 1960

Please indicate location:

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

Elevation **3321**

Total Depth **3690** PBD **3650**

Top Oil/Gas Pay **3439**

Name of Prod. Form. **Queen**

PRODUCING INTERVAL -

3526-28, 3531-34, 3537-41, 3556-62, 3439-49, 3456-62, 3470-77, 3485-92, 3502-15

Perforations

Open Hole

Depth

Casing Shoe **3690**

Depth

Tubing **3500**

OIL WELL TEST -

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

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): **2** bbls. oil, **0** bbls water in **24** hrs, _____ min. Size _____

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: **100** 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): **30,000 lbs ad in 30,000 gals water**

Casing _____ Tubing _____ Date first new _____
Press. _____ Press. _____ oil run to tanks **Dec. 2, 1960**

Oil Transporter **Texas New Mexico Pipeline Co.**

Gas Transporter **El Paso Natural Gas Company**

Tubing, Casing and Cementing Record

Size	Feet	Sax
8 5/8	261	200
5 1/2	3690	400

Remarks:

The well is essentially gas; however, it makes about 2 BOPD and we will need oil allowable as an incidental liquid.

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

Approved _____, 19_____

RESER AND SHILDON

(Company or Operator)

OIL CONSERVATION COMMISSION

By: _____

(Signature)

Title: _____

Partner

Send Communications regarding well to:

Name: _____

Vilas P. Sheldon

Address: **302 Carper Bldg, Artesia, New Mexico**

By: _____

Title: _____