

NEW MEXICO OIL CONSERVATION COMMISSION
 Santa Fe, New Mexico

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

REQUEST FOR (OIL) - (~~GAS~~) ALLOWABLE

New Well
 Recompletion

NUMBER OF COPIES RECEIVED	
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SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
PRODUCTION OFFICE	
OPERATOR	

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 QUADRUPPLICATE 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.

Roswell, New Mexico October 27, 1964
 (Place) (Date)

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

Shell Oil Company Black, Well No. 2-A, in SW 1/4 SE 1/4,
 (Company or Operator) (Lease)

Q, Sec. 21, T. 24-S, R. 37-E, NMPM, Langlie Mattix Pool
 Unit Letter
Lea County. Date Spudded Sept. 13, 1964 Date Drilling Completed Sept. 25, 1964

Please indicate location:

<u>R - 37 - E</u>			
D	C	B	A
E	F	G	H
L	K	J	I
M	N	O	P
		X	

Elevation 3225 df Total Depth 3653' PBDT _____

Top Oil/Gas Pay 3428' Name of Prod. Form. Queen

PRODUCING INTERVAL -

Perforations 3428', 3429', 3442', 3443', 3466', 3466', 3467', 3480',

Open Hole 3482', 3484'* Depth 3651' Casing Shoe 3620' Depth 3620' Tubing

T
S 24 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 Choke load oil used): 2 bbls. oil, 4 bbls water in 24 hrs, _____ min. Size **

GAS WELL TEST - **** 10-54" SFM**

1880 FEL & 560' FSL, Sec. 21 Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____
 (FOOTAGE)

Tubing, Casing and Cementing Record 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): 300 gal. 15% BDA; 3000 gal 15% NEA with Fe additive

Casing Tubing Date first new
 Press. _____ Press. _____ oil run to tanks October 23, 1964

Oil Transporter Texas-New Mexico Pipe Line

Gas Transporter El Paso Natural Gas

Remarks* 3492', 3494', 3499', 3513', 3514', 3515', 3516', 3519', 3521', 3523', 3524', 3527', 3577', 3579', 3583', 3596', 3597', 3605', 3608', 3611', 3618', 3820' (32 holes).

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)

Original Signed By B. A. LOWERY R. A. Lowery

By: _____ (Signature)

OIL CONSERVATION COMMISSION

By: _____ Title District Exploitation Engineer

Send Communications regarding well to:

Title _____ Name Shell Oil Company