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	DISTRIBUTION NEW MEXICO OIL CONSERVATION COMMISSION					
	SANTA FE	REQUEST FOR ALLOWABLE Supplied by Filed Co				4-10-10 d C-11
	U.S.G.S.	AUTHORIZATION TO TRA	AND OUT OUT AND	MATURAL CAS	AUG 3	1007
	LAND OFFICE	AUTHORIZATION TO TRA	MASFORT OIL AND	NATURAL GA		
	TRANSPORTER OIL	·	_	21	OIL CON	. com./
	OPERATOR I I TRANSPORTER CHANGE					
1	OPERATOR OIL COMPANY 10 SHELL					
•.	Operator OPERATION EFFECTIVE LINE					
	Tenneco Oil Company					
		, Durango, Colorado			7	
	Reason(s) for filing (Check proper box)		Other (Pleas	e explain)		
	New We!! X Change in Transporter of:					
	Recompletion Change in Ownership	Oil Dry Ga Casinghead Gas Conden				
			·			
	If change of ownership give name and address of previous owner					
TY	DESCRIPTION OF WELL AND I	FACE				
11.	DESCRIPTION OF WELL AND I	Well No. Pool Name, Including Fo	ormation	Kind of Lease		Lease No.
	Hospah 7 South Hospah L		Lower Sand State, Feder		ral or Fee Fed NM081208	
	Location I of / 1650	Now+h	220		7	
	Unit Letter LOC 4 ; 1000	Feet From The North Lin	e and330	Feet From The	East	
	Line of Section 12 Tow	mship 17N Range	9W , NMPA	. McKin	ley	County
***	Process (min) on mp (Nanona	TOD OD OUT AND MARKED AT CA				
111.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)					
	Shell Oil Company Name of Authorized Transporter of Casinghead Gas Company		P. O. Box 1588, Farmington, New Mexico			
	Name of Authorized Transporter of Cas	Address (Give address to which approved copy of this form is to be sent)				
	If well produces oil or liquids, Unit Sec. Twp. Rge. Is gas actually connected? When					
	give location of tanks.	i i i		l 		
	If this production is commingled wit	h that from any other lease or pool,	give commingling orde	r number:		
17.	COMPLETION DATA	Oil Well Gas Well	New Well Workover	Deepen F	lug Back Same Res	'v. Diff. Res'v.
	Designate Type of Completio	ii	X	<u> </u>	<u> </u>	1
	Date Spudded 6/4/67	Date Compl. Ready to Prod. 8/1/67	Total Depth		э.в.т.р. 16 9 0	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	7	Tubing Depth	
	6958 Gr. South Hospah Lower S		d. 163		1681	
	Perforations		-	Depth Casing Shoe		
	1613-1614 1713 TUBING, CASING, AND CEMENTING RECORD					
	HOLE SIZE	CASING & TUBING SIZE			SACKS CEMENT	
	15	10-3/4	45		75	
	8-3/4	7	1713		130	
v.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a	fter recovery of total volu	ime of load oil and	must be equal to or e	xceed top allow-
	OIL WELL OIL WELL Date for this depth or be for full 24 hours) Date of Test Producing Method (Flow, pump, gas lift, etc.)					
	8/1/67	8/1/67	Pmpg			
	Length of Test	Tubing Pressure	Casing Pressure		Choke Size	
	24 hrs Actual Prod. During Test	Oil-Bbls.	Water-Bble.		3/4 3as - MCF	
	15.20 bbls	15.20 bb1s	4.56 bbls	`		
	GAS WELL Actual Prod. Test-MCF/D Length of Test		Bbls. Condensate/MMC	F C	Gravity of Condensate	
	Actual Float 1991-Mol/2			·		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shui	:-in)	Choke Size	
				CONSERVATI	ION COMMISSION	
VI.	. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION AUG 8 1967			
	I hereby certify that the rules and regulations of the Oil Conservation		Original Signed by Emery C. Arnold 19			
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		BY			
			SUPERVISOR DIST. #5			
		•	TITLE	SUPERVISOR	DIS1: #9	
			TITLE			1104.
	M. K. Wagner J (Signo	J	This form is t	o be filed in con	npliance with RULE ie for a newly drilled by a tabulation of	d or deepened

(Title)

(Date)

August 7, 1967

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporten or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.