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-	DISTRIBUTION	NEW MEXICO OIL	_ CONSERVATION COMMISSION	Form C -104	
i	SANTA FE /	REQUEST FOR ALL OWABLE Supersedes Old C-104 and C-1			
[FILE /		AND	Effective 1-1-65	
	ų.s.g.s.	AUTHORIZATION TO T	RANSPORT OIL AND NATURAL (GAS /	
}	LAND OFFICE			(5.)	
	TRANSPORTER GAS	. '		10	
1	OPERATOR /	 -		1	
I.	PRORATION OFFICE Operator		RANSPORTER CHANGED FROM SHELL		
			OIL COMPANY TO SHELL PIPE LINE CORPORATION EFFECTIVE 12/31/69		
	Address		bon onthon the total 12701703	* .	
	P. O. Box 1714, Durango, Colorado				
	Reason(s) for filing (Check proper box) Other (Please explain)				
	New We!l	Change in Transporter of: Oil Dry	y Gas		
	Change in Ownership		ndensate		
	Change in Ownership				
	If change of ownership give name and address of previous owner				
II.	DESCRIPTION OF WELL AND LEASE Lease Name				
	Lease Name	Well No. Pool Name, Includir	la = 1	al as Fan	
	· Hospah	11 South Hospa	ah Lower Sand State, Feder	Fed NM 08120	
	Location			The West	
	Unit Letter F : 1650	Feet From The North	Line and 2310 Feet From	The West	
	Line of Section 12 Tow	nship 17N Range	9W , NMPM, McK	inley County	
	. Line of Section	······································			
ш.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL	GAS Address (Give address to which appro	and conv of this form is to be sent)	
	Name of Authorized Transporter of Oil	or Condensate			
	Shell Oil Company Name of Authorized Transporter of Cas.	inghead Gas or Dry Gas	P. O. Box 1588, Farm	ington, New Mexico oved copy of this form is to be sent)	
	Name of Authorized Hunsporter of Cabinghaud Cab				
	Unit Sec. Twp. Rge. Is gas actually connected? When				
	If well produces oil or liquids, give location of tanks.				
	If this production is commingled wit	h that from any other lease or po	ool, give commingling order number:		
IV.	COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v				
	Designate Type of Completio		II New Well Wolzovo: Deepen		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	•				
	Élevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
				Depth Casing Shoe	
	Perforations				
	Perforated Lower Hospah from 1638-1644 w/2 HPF TUBING, CASING, AND CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE		SACKS CEMENT	
	HOLE SIZE	OADING C YOUNG			
	•				
	•				
		<u> </u>		· · · · · · · · · · · · · · · · · · ·	
V.	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be seemed to presceed top allowable for this depth or be for full 24 hours)				
			Producing Method (Flow, pump, gas	life, afc.) The Life of the li	
	Date First New Oil Nam 10 1 am	3/1/68	Pump		
	Length of Test	Tubing Pressure	Casing Pressure	Thok 484 3 1963	
	24 hrs			OIL CON. COM	
	Actual Prod. During Test	Oil-Bhis.	Water-Bbls.	DIST 3	
	<u> </u>	60	203		
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	.Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
••-	I. CERTIFICATE OF COMPLIANCE		OIL CONSERV	OIL CONSERVATION COMPSSION	
Vi	LUBRITICATE OF COMPLIANCE		A	APR 3 1000	
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		tion APPROVED	BY Original Signed by Emery C. Arnold SUPERVISOR DIST. #3	
			ven Original Signed by		
	* Spoke is time and combiete to rue pest of my knowledge and person		SUPERVIS	SUPERVISOR DIST. #0	
			11	II.	
	· Mod Stagner		This form is to be filed in	This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepens well, this form must be accompanied by a tabulation of the deviation taken on the well in accordance with RULE 111. 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 transporter, or other such change of conditions Separate Forms C-104 must be filed for each pool in multip	
	(/ (6)				
	M. K. Wagner (Signature)		tests taken on the well in acc		
	· (Title)		All sections of this form t		
			Till out only Contions I		
	4/2/68 (Date)		well name or number, or transp		
	•		Separate Forms C-104 m	ner ne resce ser cuen bear an ament	
				···	