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NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS TRANSPORTER CHANGED FROM SHELL OIL COMPANY TO SHELL PIPE LINE CORPORATION EFFECTIVE 12/31/69 Operator Gulf Oil Corporation P. O. Box 670, Hobbs, New Mexico 88240 Other (Please explain) Reason(s) for filing (Check proper box) New Well Change in Transporter of: Change in oil transporter effective 77X Oil Dry Gas Recompletion June 12, 1967 Condensate Casin thead Gas Change in Ownership If change of ownership give name and address of previous owner ___ II. DESCRIPTION OF WELL AND LEASE ell No. Pool Name, Including Formation Kind of Lease West Bisti Unit Histi Lover Gallup State, Federal or Fee Federal 16.1 078155 Location Feet From The North Line and 600_ __ Feet From The _ Unit Letter Township 251 Range 13W San Juan . NMPM. County Line of Section Address (Give address to which approved copy of this form is to be sent) Transporter of Oil P. O. Box 1588, Farmington, New Mexico Shell Oil Company Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas El Paso llatural Gas Company P. O. Box 1161, El Paso, Texas Is gas actually connected? When If well produces oil or liquids, give location of tanks. Hge. 26N 35 35 Unknown If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Plug Back | Same Res'v. Diff. Res's New Well Gas Well Workover Designate Type of Completion - (X) P.B.T.D. Date Compl. Ready to Prod. Total Depti Date Spudded Top Oil/Gas Pay Tubing Depth Name of Producing Formation Elevations (DF, RKB, RT, GR, etc.) Depth Casing Shoe Perforations TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT CASING & TUBING SIZE DEPTH SET HOLE SIZE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow able for this depth or be for full 24 hours) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Date of Test Choke Size Tubing Pressure Casing Pressure Length of Test Water - Bbls. Oil - Bbls. Actual Prod. During Test **GAS WELL** Bbls. Condensate/MMCF Gravity of Condensate Actual Prod. Test-MCF/D Length of Test Casing Pressure (Shut-in) Choke Size Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) OIL CONSERVATION COMMISSION VI. CERTIFICATE OF COMPLIANCE JUN 22 1967 Emery C. Arnold APPROVED Original Signed by 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. BY

(Signature) Area Production Menager

(Title)

June 21, 1967

(Date)

SUPERVISOR DIST. #3 TITLE

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the deviation tests 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 condition.

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

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