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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

12-01-1967

I. OPERATOR

Operator: Sam Boren

Address: Box 953, Midland, Texas

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of:

Recompletion Oil Dry Gas

Change in Ownership Casinghead Gas Condensate

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name: Shell-State Well No.: 1 Pool Name: East Hightower Lower Penn Kind of Lease: State

Location: Unit Letter H; 660 Feet From The E Line and 1990 Feet From The N

Line of Section 25, Township 12-S Range 33E, NMPM, 102 County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate
Western Oil Transportation Company Address (Give address to which approved copy of this form is to be sent)
Box 3021, Midland, Texas

Name of Authorized Transporter of Casinghead Gas or Dry Gas
NONE Address (Give address to which approved copy of this form is to be sent)

If well produces oil or liquids, give location of tanks. Unit H Sec. 25 Twp. 12-S Rge. 33E Is gas actually connected? NO When _____

If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>					

Date Spudded: 8/9/67 Date Compl. Ready to Prod.: 8/11/67 Total Depth: 10415 P.B.T.D.: 10412

Pool: East Hightower Lower Penn Name of Producing Formation: Lower Penn Top Oil/Gas Pay: 10257 Tubing Depth: 10232

Perforations: 10232 de sur Depth Casing Shoe: _____

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>14 3/4</u>	<u>11 3/4</u>	<u>395</u>	<u>400</u>
<u>10 5/8</u>	<u>8 5/8</u>	<u>4742</u>	<u>450</u>
<u>5 3/4</u>	<u>4 1/2</u>	<u>10412</u>	<u>450</u>

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks: <u>8/11/67</u>	Date of Test: <u>8/11/67</u>	Producing Method (Flow, pump, gas lift, etc.): <u>PUMP</u>	
Length of Test: <u>24</u>	Tubing Pressure: _____	Casing Pressure: _____	Choke Size: _____
Actual Prod. During Test: <u>325</u>	Oil - Bbls.: <u>182</u>	Water - Bbls.: <u>144</u>	Gas - MCF: <u>91</u>

GAS WELL

Actual Prod. Test - MCF/D: _____	Length of Test: _____	Bbls. Condensate/MMCF: _____	Gravity of Condensate: _____
Testing Method (pitot, back pr.): _____	Tubing Pressure: _____	Casing Pressure: _____	Choke Size: _____

VI. CERTIFICATE OF COMPLIANCE

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.

Edward Smith
 (Signature)

AGENT
 (Title)

8/15/67
 (Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19 _____

BY _____

TITLE _____

This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened 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 Sections I, II, III, and VI only 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.