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TRANSPORTER	OIL	
	GAS	
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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

Operator <b>Shell Oil Company</b>	
Address <b>P. O. Box 991, Houston, TX 77001</b>	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	<b>Per conversation Melba Carpenter no C-104 has ever been filed.</b>
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name  
and address of previous owner \_\_\_\_\_

Lease Name <b>Berry</b>		Well No. <b>6</b>	Pool Name, Including Formation <b>Bowers Seven Rivers</b>	Kind of Lease State, Federal or Fee <b>Fee</b>	Lease No.
Location					
Unit Letter <b>P</b>	<b>660</b>	Feet From The <b>South</b>	Line and <b>408</b>	Feet From The <b>East</b>	
Line of Section <b>31</b>	Township <b>18N</b>	Range <b>38E</b>	, NMPM, <b>Lea</b>		County

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)			
<b>Shell Pipe Line Corporation</b>		<b>P. O. Box 1910 Midland, TX 79702</b>			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)			
<b>Phillips PipeLine</b>		<b>4001 Penbrook St., Odessa, TX 79762</b>			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected? When
					<b>Yes</b> <b>NA</b>

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

Designate Type of Completion - (X)		Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
<b>11-47</b>									
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.					
<b>3,640' DF</b>	<b>Bowers</b>	<b>3,242</b>							
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth					
<b>3,179' - 3,242'</b>				Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
<b>11"</b>	<b>8-5/8" 2 3/8'</b>		<b>420</b>		<b>200</b>				
<b>7 7/8"</b>	<b>4-1/2"</b>		<b>3,179</b>		<b>850</b>				

V. TEST DATA AND REQUEST FOR ALLOWABLE (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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

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

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.

  
A. Ramirez  
Supervisor Oil Accounting  
2-14-80  
(Date)

OIL CONSERVATION COMMISSION	
APPROVED <b>FEB 26 1980</b> , 19	
BY	<b>Orig. Signed by</b> <b>Iles Clements</b>
TITLE	<b>Oil &amp; Gas Insp.</b>
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 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 multiple-walled wells	

016 00MBRYATION DIV.

FEB 22 '80

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