

PROPERTY ID	
TABLE ID	
FILE	
UNIT NO.	
LEASE OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

NEW MEXICO OIL, CONDENSATE AND NATURAL GAS
REQUEST FOR ALLOWABLE
AND

Form OCS-1
Supersedes Form OCS-1 and OCS-1A
1-15-1984

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Shell Oil Corporation
 Address P.O. Box 1000 Tulsa, T.M. 88240
 (Reasons for filing (Check proper box))
 New Well Change in Transporter
 Noncompletion Oil Dry Gas
 Change in Certificate Gas Condensate (Check if lease expires)
Change lease name and shell
December effective
State "J" No. 3

Change of ownership give name and address of previous owner Shell

IDENTIFICATION OF WELL AND LEASE
 Well No. 177 Well Name Council Monument Kind of Lease State, Federal or Free Lease No. _____
 Location Council Monument
 Unit Letter P : 330 Feet From The South Line and 330 Feet From The East Line
 Line of Section 32 Township 20-S Range 37-E N.M.P.M. Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
 Name of Authorized Transporter of Oil or Condensate
Shell Pipe Line Company Address (Give address to which approved copy of this form is to be sent) Box 1910 Midland, TX 79701
 Name of Authorized Transporter of Gas or Condensate
Phillips Petroleum Company Address (Give address to which approved copy of this form is to be sent) Onebrook, Odessa, TX 79761
 If well produces oil or liquids, give location of tanks. N 32 20S 37E 7pc Unknown
 Is gas actually connected? Yes When _____

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

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug back	Since reworked	Part. Re-work
Date spudded	Date Compl. Ready to Prod.		Total Depth			P.S.T.D.		
Elevations (DB, RNB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Performance						Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD			
HOLES SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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

Actual Prod. New Oil Run To Tanks	Loss of Oil	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

TAG WELL

Actual Prod. Test - MCF/D	Length of Test	Lbs. Condensate/MCF	Gravity of Condensate
Test - (prk) (prod), (back pr.)	Tubing Pressure (24hr-in.)	Casing Pressure (24hr-in.)	Choke Size

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.

R.D. Pate
 (Signature)
AREA ENGINEER
 (Title)
1-23-85
 (Date)

OIL CONSERVATION COMMISSION

APPROVED MAR 15 1985, 19____

BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

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 calculation of the cumulative tests taken on the well in accordance with RULE 111.
 All portions of this form not to be filled out completely for allowables on new and re-completed 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.

RECEIVED
FEB - 4 1985
C.C.D.
HOSEA OFFICE