

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

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

DISTRIBUTION	
SALES REP	
FILE	
DATE	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
REGISTRATION OFFICE	

Operator Shell Oil Corporation
 Address P O Box 670, Hobbs, NM 88240
 Reason(s) for filing (Check proper box)
 New Well Change in Transporter of: Oil Dry Gas
 Recompletion Casinghead Gas Condensate
 Change in Ownership Other (Please explain) Change Lease Name and Spell Number effective 2-1-85
RR Well "NCT-C" No. 4
 (Change of ownership give name and address of previous owner)

DESCRIPTION OF WELL AND LEASE
 Well Name Cenice Monument well Well No. 386 Pool Name, including Formation Cenice Monument Kind of Lease E-230 Lease No.
 Location Unit Letter F; 1980 Feet From The North Line and 1980 Feet From The West Line of Section 15 Township 21-S Range 36-E, NMPM, Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
 Name of Author. and Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)
Shell Pipe Line Company Box 1910 Midland TX 79701
 Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)
Phillips Petroleum Company 4001 Curbrook Odessa TX 79761
 If well produces oil or liquids, give location of tanks. Unit D Sec. 15 Twp. 21S Rge. 36E Is gas actually connected? Yes when Unknown

(If this production is commingled with that from any other lease or pool, give commingling order number)
 COMPLETION DATA
 Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Some Resty. Part. Resty.
 Date Spudded Date Compl. Ready to Prod. Total Depth P.S.T.D.
 Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth
 Perforations Depth Casing Shoe

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of land oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)
 Date First New Oil Rtn 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/MCF Gravity of Condensate
 Testing Method (pilot, back pr.) Tubing Pressure (lbwt-in) Casing Pressure (lbwt-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. Pitzer
 (Signature)
 AREA ENGINEER
 (Title)
 1-21-85
 (Date)

OIL CONSERVATION COMMISSION
 APPROVED MAR 15 1985 SECTION _____, 19____
 ORIGINAL SIGNED BY JAMES
 DISTRICT I SUPERVISOR
 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 deviate 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 change of owner, well name or number, or transporter or other such change of complete.

RECEIVED
FEB 4 1985

RECEIVED
FEB - 4 1985
C.C.B.
MOBILE OFFICE