

REGISTRATION	
DATE	
FILE	
U.S.	
LOCAL OFFICE	
TRANSPORTER	OIL
OPERATOR	D&L
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. OPERATOR  
Operator  
**Shell Western E&P, Inc.**  
Address  
**200 North Dairy Ashford, P.O. Box 991, Houston, Texas 77001**

Reason(s) for filing (Check proper box)  
 New Well       Change in Transporter of:      Other (Please explain)  
 Accomplition       Oil       Dry Gas   
 Change in Ownership       Costinghead Gas       Condensate

If change of ownership give name and address of previous owner: **Shell Oil Company, P.O. Box 991, Houston, Texas 77001**

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Thomas Long</b>	Well No. <b>4</b>	Pool Name, including Formation <b>Penrose Skelly Grayburg</b>	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter <b>N</b> : <b>1980</b> Feet From The <b>West</b> Line and <b>660</b> Feet From The <b>South</b> Line of Section <b>11</b> Township <b>22S</b> Range <b>37E</b> N.M.P.M.      Lea      County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Temporary Abandoned

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>Shell Pipeline Corporation</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 1910, Midland, Texas 79702</b>
Name of Authorized Transporter of Costinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Getty Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 1137, Eunice, New Mexico 88231</b>
If well produces oil or liquids, give location of tanks. Unit      Sec.      Top      Rge. <b>No Change</b>	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:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil well	Gas well	New Well	Workover	Deepen	Plug Back	Some Restr.	Drill Rest.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations			Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					

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	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 (split, back pr.)	Tubing Pressure (Start-In)	Casing Pressure (Start-In)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

*J.P. Dawson*  
(Signature)

Attorney-in-Fact

December 1, 1983 Effective January 1, 1984  
(Date)

OIL CONSERVATION DIVISION

APPROVED **FEB 6 1984**

BY **JERRY SEXTON**  
TITLE **DISTRICT I SUPERVISOR**

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 deviated 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 conditions.  
 Separate Forms C-104 must be filed for each pool in multiple completed wells.