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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 PLUGGED BACK O. O. C.  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

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

APR 11 11 42 AM '67

**I. OPERATOR**

Operator  
**Shell Oil Company (Western Division)**

Address  
**P. O. Box 1509, Midland, Texas 79701**

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

New Well  Change in Transporter of:  
Oil  Dry Gas   
Recompletion  Casinghead Gas  Condensate   
Change in Ownership

**Plugged back and recompleted in San Andres.**

If change of ownership give name and address of previous owner

*Connell Paul R. Allen  
Houston*

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <b>Record</b>	Well No. <b>2</b>	Pool Name, including Formation <b>Pool (San Andres)</b>	Kind of Lease <b>R-3262</b>	State, Federal or Fee <b>Fee</b>	Lease No. <b>---</b>
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Location  
Unit Letter **G** ; **1980** Feet From The **north** Line and **1980** Feet From The **east**

Line of Section **35** Township **19S** Range **35E** , NMPM, **Lea** County

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

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 1598, Hobbs, New Mexico 88240</b>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<b>Phillips Petroleum Company</b>	<b>P. O. Box 758, Hobbs, New Mexico 88240</b>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
<b>F 27 19S 35E</b>	<b>Yes December 1, 1959</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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input checked="" type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input checked="" type="checkbox"/>
Date Spudded <b>June 15, 1959</b>	Date Compl. Ready to Prod. <b>April 10, 1967</b>	Total Depth <b>14,100'</b>	P.B.T.D. <b>5477'</b>					
Elevations (DF, RKB, RT, GR, etc.) <b>3697' DF</b>	Name of Producing Formation <b>San Andres</b>	Top Oil/Gas Pay <b>5250'</b>	Tubing Depth <b>5743'</b>					
Perforations <b>5320', 5325', 5348', 5359', 5361', 5385', 5424'</b>						Depth Casing Shoe <b>5517'</b>		

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<b>17 1/2"</b>	<b>13 3/8"</b>	<b>113'</b>	<b>100</b>
<b>12 1/4"</b>	<b>9 5/8"</b>	<b>5249'</b>	<b>2500</b>
<b>8 3/4"</b>	<b>7"</b>	<b>5517'</b>	<b>200</b>

**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 <b>April 10, 1967</b>	Date of Test <b>April 11, 1967</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Pumping</b>	
Length of Test <b>24 hrs.</b>	Tubing Pressure <b>---</b>	Casing Pressure <b>---</b>	Choke Size <b>---</b>
Actual Prod. During Test <b>210 BF</b>	Oil - Bbls. <b>155</b>	Water - Bbls. <b>55</b>	Gas - MCF <b>83</b>

**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.

**ORIGINAL SIGNED**  
**J. R. SHEELER**  
*(Signature)* **K. W. Lagrone**  
**Division Production Superintendent**  
*(Title)*  
**April 13, 1967**  
*(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 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 multiply completed wells.