

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

Form O-104
 Supersedes Old O-101 and O-
 Effective 1-1-85

OPERATOR	
SALE PRICE	
TITLE	
ADDRESS	
LAND OFFICE	
TRANSPORTER	<input type="checkbox"/> OIL <input type="checkbox"/> GAS
OPERATOR	
PRODUCTION OFFICE	

Operator Shell Oil Corporation

Address P O Box 670, Hobbs, NM 88240

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:		Other (Please explain)
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	<u>Change Lease Name and Shell Number effective 2-1-85</u> <u>L Sh White (NCT-A) No. 1</u>
Change in Ownership	<input type="checkbox"/>	Coalinghead Gas	<input type="checkbox"/>	
		Dry Gas	<input type="checkbox"/>	
		Condensate	<input type="checkbox"/>	

(Change of ownership give name and address of previous owner)

DESCRIPTION OF WELL AND LEASE

Well Name	<u>Senice Monument well</u>	Well No.	<u>125</u>	Pool Name, including Formation	<u>Senice Monument</u>	Kind of Lease	<u>Lease</u>	Lease No.	
Location	Unit Letter <u>P</u>	Feet From The	<u>South</u>	Line and	<u>660</u>	Feet From The	<u>East</u>		
	Line of Section <u>25</u>	Township	<u>20-2</u>	Range	<u>36-E</u>	N.M.P.M.	<u>Senice</u>	County	

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	<u>Shell Pipeline Company</u>	Address (Give address to which approved copy of this form is to be sent)	<u>Box 1910 Midland, TX 79701</u>
Name of Authorized Transporter of Coalinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	<u>Phillips Petroleum Company</u>	Address (Give address to which approved copy of this form is to be sent)	<u>4001 Denbrook, Odessa, TX 79762</u>
If well produces oil or liquids, give location of tanks.	Unit <u>I</u>	Sec. <u>25</u>	Twp. <u>20S</u>
	Range <u>36E</u>	Is gas actually connected?	<u>yes</u>
		When	<u>Unknown</u>

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

COMPLETION DATA

Designate Type of Completion - (X)	<input type="checkbox"/> Oil well	<input type="checkbox"/> Gas well	<input type="checkbox"/> New well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug back	<input type="checkbox"/> Sore throat	<input type="checkbox"/> Full depth
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.O.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations	Depth Coalinghead							

TUBING, CASING, AND CEMENTING RECORD

HOLE 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 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 (flow, back pr.)	Tubing Pressure (lb/in)	Casing Pressure (lb/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 Patte
 (Signature)
AREA ENGINEER
 (Title)
1-16-85
 (Date)

OIL CONSERVATION COMMISSION

APPROVED MAR 15 1985, 19__

BY ORIGINAL SIGNED BY JERRY SIXTON
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 tabulation of the available 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 condition.

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RECEIVED

FEB - 4 1985

MAIL ROOM