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 U.S.G.S.
 LAND OFFICE
 TRANSPORTER OIL GAS
 OPERATOR
 REGISTRATION OFFICE

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

Form OCS-104
 Supersedes OCS-101 and C-111
 Effective 1-1-85

Operator: Shell Oil Corp.
 Address: P.O. Box 670, Hobbs, NM 88240
 Reason(s) for filing (check proper box):
 New Well Change in Transporter of Oil Other (Please explain): Change field name from Eurnott Oil to Eunice Monument Order No. R-7767
 Completion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

DESCRIPTION OF WELL AND LEASE
 Lease Name: Eunice Monument Unit Well No.: 165 Pool Name, including Formation: Eunice Monument Kind of Lease: State Lease No.: B-230
 Location: Unit Letter: L; 1980 Feet From The South Line and 660 Feet From The West Line of Section 36 Township 20S Range 36E N.M.P.M. Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
 Name of Authorized Transporter of Oil or Condensate
Shell Pipeline Co. Address (Give address to which approved copy of this form is to be sent): Box 1910, Midland, TX 79701
 Name of Authorized Transporter of Casinghead Gas or Dry Gas
Phillips Petroleum Co. Address (Give address to which approved copy of this form is to be sent): 4001 Penbrook, Odessa, TX 79761
 Does well produce oil or liquids, or location of tanks: N Unit 36 Sec. 20S Twp. 36E Is gas actually connected? Yes When Unknown

Is this production 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 Sore Break Other
 Date Spudded: _____ Date Compl. Ready to Prod.: _____ Total Depth: _____ P.O.T.D.: _____
 Completions (DF, RKB, RT, CR, etc.): _____ Name of Producing Formation: _____ Top Oil/Gas Pay: _____ Tubing Depth: _____
 Locations: _____ Depth Casing Shoe: _____

TUBING, CASING, AND CEMENTING RECORD

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|-----------|----------------------|-----------|--------------|
| | | | |
| | | | |
| | | | |

TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of lost oil and must be equal to or exceed the allowable for this depth or be for full 24 hours)
 Date of Test: _____ Producing Method (Flow, pump, gas lift, etc.): _____
 Length of Test: _____ Tubing Pressure: _____ Casing Pressure: _____ Choke Size: _____
 Total Prod. During Test: _____ Oil - Bbls.: _____ Water - Bbls.: _____ Gas - MCF: _____

5 WELL.
 Total Prod. Test - MCF/D: _____ Length of Test: _____ Bbls. Condensate/MCF: _____ Gravity of Condensate: _____
 Testing Method (prior, back pr.): _____ Tubing Pressure (shut-in): _____ Casing Pressure (shut-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 is true and complete to the best of my knowledge and belief.
R.D. Pite
 (Signature)
 AREA ENGINEER
 (Title)
 3-29-85
 (Date)

OIL CONSERVATION COMMISSION
 APPROVED: APR - 2 1985, 19____
 BY: JERRY SEXTON
 DISTRICT 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 production 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 re-completed wells.
 Fill out only Sections I, II, III, and VI for change of owner, with name of landholder, if different, and other such change of ownership.

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APR - 2 1985

HOBBS OFFICE