

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

Form O-104  
 Supersedes Old O-101 and O-  
 Effective 1-1-67

OPERATOR	
MAILING ADDRESS	
CITY	
STATE	
ZIP	
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) Other (Please explain)

New Well <input type="checkbox"/>	Change in Transporter oil <input type="checkbox"/>	<u>Change Lease Name and Shell Number effective 2-1-85 RR Bell (NCT-F) No. 8</u>
Incompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner \_\_\_\_\_

DESCRIPTION OF WELL AND LEASE

Well Name <u>Exel</u>	Well No. <u>141</u>	Pool Name, Including Formation <u>Esmeralda Monument</u>	Kind of Lease (State) Federal or Free <u>B-230</u>	Lease No. _____
Location	Unit Letter <u>D</u> : <u>660</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>West</u>	Line of Section <u>36</u> Township <u>20-S</u> Range <u>36-E</u> NMPM, <u>Lea</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"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Shell Pipe Line Company</u>	<u>Box 1910 Midland, TX 79701</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Phillips Petroleum Company</u>	<u>4001 Pembroke, Odessa, TX 79761</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
<u>N 36 20S 36E</u>	<u>Yes Unknown</u>

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Shut-in Well, Reinty
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		Testing Depth		
Perforations						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 load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Oil Well

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.	GGA-MCF

Gas Well

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (front, 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 above is true and complete to the best of my knowledge and belief.

RD Pate  
 (Signature)  
 AREA ENGINEER  
 (Title)  
 1-21-85  
 (Date)

OIL CONSERVATION COMMISSION

APPROVED JERRY SECTON, 19 1985

BY JERRY SECTON  
 DISTRICT 1 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 gravimetric tests taken on the well in accordance with RULE 111.  
 All sections of this form must be filled out completely for allow-  
 able to be calculated.  
 Fill out only Sections I, II, III, and VI for change of owner-  
 well name or number, or transporter, or other such change of conditions.

*[Faint, illegible text]*

**RECEIVED**  
**FEB - 4 1985**  
**O.C.D.**  
**HOBBES OFFICE**